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Aging in the Social Space

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Contents

Introduction	5
1. Senior in the Social Space	9
1.1 Senior Status Quo.....	9
1.2 Old Age from Historical Perspective	11
1.3 Demographic Changes.....	16
1.4 Pop Culture and Perception of the Old Age.....	21
1.5 Old Age in Media Message and Lexical Resources.....	24
1.6 Intergenerationality.....	26
1.7 Non-homogeneous Old Age	29
1.8 Old Age Closed Within Stereotypes.....	32
1.9 Active Old Age.....	35
1.10 Activeness of Seniors on the Example of the Silesia District (Poland).....	37
1.11 Senior Capital	41
1.12 Social Capital of Older People and Economy.....	47
1.13 Health Situation of Seniors	50
1.14 Improvement of the Senior Quality of Life	53
2. The Local Aging Policy in Selected Large Cities of Poland	61
2.1 Introduction	61

2.2	The Concept of Social Policy on Old Age and Older People (The Aging Policy)	62
2.3	Basic Assumptions of the Senior Policy in Poland.....	68
2.4	Case Studies of Selected Large Cities of Poland.....	91
2.4.1	Case Study: Kraków	97
2.4.2	Case Study: Gdańsk.....	104
2.4.3	Case Study: Wrocław.....	110
2.4.4	Case Study: Poznań	113
2.5	Conclusions.....	118
	Summary.....	123
	Bibliography.....	125
	Figures and Tables.....	142

Introduction

Currently, in post-communist countries, the topic of aging and old age becomes more noticeable. Countries of the Eastern Europe region such as the Czech Republic, Poland, Slovakia, Hungary, Lithuania, Latvia, Estonia, and Poland are coping with the demographic change at the beginning in the 21st century. These states participated in the 2004 enlargement of the European Union, which so far was the largest single expansion of the European Union, in terms of territory, a number of states, and population. In all of these countries, the configuration of different age groups changes dynamically. Low birth rate, retiring *baby boomers'* generation, growth of life length, and changes in the pension system, determines a range of yet not appearing phenomena. Along with the aging of populations, socioeconomic changes also include shift of the attitude towards people in the senior age among different age groups. Thus, modern old age generates a broad range of new phenomena that have not been present in the past decades.

Working with seniors in international scale was and of course still is undergoing continual development in connection with the development of the human population, which is affected by social changes related to developing technologies, world globalization, but also to the growing number of social issues.

A publication called *Aging in the Social Space* is a compilation of studies, which deal with theoretical understanding and empirical solutions, learning about problem spheres, specifying content parallels of social, legal, economic,

moral and ethical views on senior issues in society, which are closely related to each other and are interconnected.

This publication focus on the case study of Poland. It is supposed to provide a multidimensional view of old age issues and issues related to aging and care for old people in society. We believe that it is natural also to name individual spheres, in which society has some effect, either direct or indirect, within issues concerning seniors. Learning about these spheres is the primary prerequisite for successful use of social help to seniors in society.

Despite certain skepticism and underestimation of these issues on the part of society, it finally becomes apparent that appropriate attention, adequate solution and care for seniors are a limiting prerequisite of the existence of knowledge as such, which is necessary to be brought to public notice – not only in general professional public but also to lay public.

Since the middle of the 20th century, people have started to feel changes of their status quo in family and peer space and their local environment (Stojcka-Zuber, 2013, p. 5). In order to become familiar with features of changes of senior space in society, indicators were used, including those individual or deriving from interpersonal relations. Multithreaded analysis of this issue led to the presentation of correlations between a reception and valuation of old age in the view of demographic changes, intergenerational relations, health conditions, media message, which were included in the meanders of pop culture. The first part of this book includes description of different kinds of capitals maintained by seniors. A reference was also made to a relatively new phenomenon in gerontology, connected with the paradigm of *active aging*. This part was enriched with research data on the senior population conveyed in Silesia (Poland), in the frame of which the social characteristics of modern seniors were prepared. This part also present chosen determinants of social politics, aiming at the increase of older persons' quality of life.

In the social sciences, aging population is mainly analyzed in relation to the macro-level. Therefore, the studies mainly focus on international relations, societies, individual countries or regions. Meanwhile, from the perspective of social policy, the essential is the design and implementation of solutions for solving problems related to process mainly at the local level called also as the

meso-level (communities, cities, municipalities) and the micro-level (citizens, households, neighborhoods). The aim of the second part of the book is to discuss the concept of social policy on old age and older people (together described as the aging policy) in respect to the local level. After discussion of the basic theoretical terms, the analysis of emerging aging policy in Poland is undertaken. This analysis is followed by the literature review of documents from four large cities: Kraków, Gdańsk, Wrocław, and Poznań. This part of the book concludes with a summary of the main conclusions and recommendations.

When developing this monograph, the authors concentrated on the challenges, which need to be faced by dynamically developing sub-discipline on the edge of human, social and medical science. The publication is mainly directed to people interested in aging of old age such as students of pedagogy, gerontology, and sociology. Being aware that the book is a subjective introduction to the problem of old age in social perspective, the authors count on a positive reception.

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1. Senior in the Social Space

1.1 Senior Status Quo

Research connected with senior activities in society, only recently has been one of most analytical areas of human studies, sociology, medicine, technical studies (for example, sociology, social politics, social work, andragogy, medicine, technology supporting a proper functioning in old age). In the frame of conducting research, the presentation of the scale of senior activity seems to be important. It causes and meaning of being active in the *gold age* in the context of one's own development. Depicting of senior activity determinants is usually connected with presenting three crucial, existential areas of the older man: family, health, and material situation. Presented triad is enriched, in the subject literature, with other types of activity: physical, professional, intellectual, cultural, and educational (Chabior, 2008, p. 31). Functioning in specified spaces is often connected with each other, and it works both ways. All of them create individually created areas of life. The more commitment in specified areas, the bigger life activity of a given person, which is a chance for positive aging.

Undertaking activity determines social status of an individual. Thus, an attempt should be made to prepare a detailed presentation of connections between certain areas. B. Szatur-Jaworska shows that a position of a senior in social stratification depends on many factors connected with the undertaken professional activity during the whole life, which in turn, determines material resour-

es – namely income. Moreover, the “senior-status-quo”¹ itself is connected with individual features such as health condition (Polska Agencja Prasowa, 2011) or a position in the family. Among determinants, the authors also distinguished other meaningful factors connected with the social politics of the country as principles of social resources’ redistribution (including health care) and crucial and complex conditions connected with the retirement-pension system, which is inseparable from the state of public finances. This issue is often analyzed from a scientific, political or economic perspective because of the phenomenon of rapidly aging society. Moreover, it is worth mentioning that senior position in society is also connected with further, blurred elements such as social reception of the aging process and old age (cf. Szatur-Jaworska, 2006d, p. 207) or a model of education for old age in family, original and secondary environments.

Figure 1 Factors determining a position of the senior generation in social stratification



Source: (Szatur-Jaworska, 2006d, p. 207).

¹ We define the status-quo in the text as the position of older people in society, which is resulting from many factors dependent and independent of the entity at the old age. The personal and environmental factors determine the position of older people in society. In the broader context, these factors translate into the public perception of seniors by other age groups and intergenerational relations. It is a social condition, which is not a subject to rapid changes or undergoing transformations in a slow pace.

1.2 Old Age from Historical Perspective

In ancient times, people undertaken all kinds of activities aiming at changing and slowing processes connected with aging. Baths taken in donkey milks by Cleopatra, drinking the blood of young wolves by Roman gladiators or more severe activities such as drinking women milk, blood or feeding on fetuses of young animals and use them for maintaining longevity. More sophisticated processes connected with ancient history, and medieval medicine were based on discovering different love or immortality elixirs, made out of gold, gemstones or herbs. Within time, rituals were joined by creative activities like blood loss, starvation, medical procedures on glands, injecting novocaine. By such procedures, people were expressing their disapproval for old age. Sacrifices represented a lack of agreement on the experience old age, also in esthetic dimension (Skibińska, 2006, p. 230). Modern approach to the aging process is an equally interesting phenomenon, from not only cognitive but also from an economic perspective². For instance, the number of available anti-aging creams or a wide range of medical procedures shows further, unconscious disapproval of inevitable processes.

For ages, the old age was connected only with a time full of sacrifices, physical and mental disability, perceived as sad and disguising. In the 13th-century French hearings, one may come across descriptions of old people as always coughing, not following rules of personal hygiene, living in dirt for life. In the 17th century, French lexicographer, Cesar-Pierre Richelet, defined old people as those who are 40–70 years of age, giving them such features as suspicion, jealousy, and meanness. What is more, Richelet stated that old people constantly complain and are unable to express friendship. In many ages, aging process was an unwanted phenomenon, which was supposed to be in opposition, depending on different conditions, covered, and decorated (Zawada, 2011, p. 130).

In ages dominated by magic and wizardry, old age was understood as limitations, which were possible to be removed by magical rejuvenating rituals (Laca, 2011, p. 23). Throughout ages, a number of changes in perception of old age have been distinguished. For instance, Plato praises old age as a phase

² Currently, postponing or covering the effects of ageing is an enormous branch of the economy, for example, esthetic medicine centers, social institutions, pharmacy and cosmetology industry.

that allows people to live in harmony with the world thanks to the use of previously gained knowledge. However, Socrates notices physical deficits connected with a long life; such deficits prevent a person from feeling fullness of humanity (Mühlpachr, 2005, p. 11). The cradle of Western culture, namely Greece, paid a tribute to the cult of youth; however, in public life, elderly people were also present³. Moreover, a significant part of Greek philosophers lived up to late adulthood, for example, Pythagoras lived for 80 or 90 years, Socrates – 60 years, Solon – 80 years (Konieczna-Woźniak, 2001, p. 16).

Middle Ages, as it was mentioned earlier, bring a perception of old age mainly in the context of deficits and fear of aging, and consequences deriving from this process. In the 17th century, slowly regains the understanding of old age as a phase of efficient existence, assessed at the same level as earlier stages of life. However, this causes concern that also a “good” old age is possible to be achieved by maintaining proper life principles (F. Bacon). Most often, old age is also perceived as a stage, in which is possibly gaining new knowledge, for example, with theories of educational philosophy by J. A. Komeński. Throughout further ages, development of medicine determines scientific discovery of processes determining old age. End of the 19th century formulates foundations of geriatrics, which develops rapidly at the turn of the second part of the 20th century (Mühlpachr, 2005, p. 11).

Perception of old age also depended on social status, to which a given elder person belonged, which in turn was determined by, among others, level of education and financial resources. For instance, in France in early middle ages, seniors were treated equally to other adults; however, if they did not have families or lived in poverty, they became beggars or wanderers. It is an interesting fact that in widely understood elites, some seniors autonomously backed down from family life and joined orders; however, this ritual was typical rather for the western part of Europe. In many societies, it is not the age that plays a crucial role, but a capital, which in old age wealthy people could use for their own profit or to multiply it by investing. This facet has been connected with

³ The example, which confirms a high position of seniors, may be a Spartański Elders Council, which has a deciding voice in crucial issues referring to legislative authority within the country of democratic character (see Ziębińska, 2010, p. 118).

a general social wealth since that in the poor community resources could have to be divided, for example, food. Because of the perception of the old age as non-productive phase, seniors were treated as worse, considered less usefully for a group. Sometimes, seniors were condemned to the starvation death or were convinced to suicide. Of course, these phenomena were correlated with wealth of societies. Another significant factor for ages was a physical condition. In communities characterized by the law of the fittest, people deprived of a certain ability did not have an influence on creating a proper position in society. Decrease in the influence of the personal condition of one's own position appeared along with an increase of formalization of the law and a range of the federal government. Another important element, defining a place of seniors in society was a family structure. In most cases, in multi-generational families, seniors maintained a particular economic feedback and played new roles of, for example, grandmothers and grandfathers (Klimczuk, 2012, p. 29), taking over a part of family responsibilities.

Old people occupied different positions in the social structure, because of a dominant type of culture. For instance, in cultures based on the oral message, the senior was a stronghold of knowledge, which was given a role of the *treasury of knowledge*. Along with a development of messages in a written form, the role of widely understood life wisdom of seniors was lost (Klimczuk, 2012, p. 30). The meaning of a senior as a holder of knowledge and memory of generations was also spread among peoples, in which senior occupied a position of an educator and a judge, as a connection between generations. Perception of old age in these structures was described by a saying "when an old man dies, the whole library burns," which was some evidence of a significant role of seniors. Accumulation of knowledge and memory, in chosen societies, in the natural way predisposed to fulfilling significant roles. In selected cultures, a persona of an old man became an artistic inspiration in painting, sculpture, poetry, being some personification of wisdom (Stefaniak-Hrycko, 2011, p. 35). Nowadays, a position of an older people in the social space is dominated by the electronic media that allow a limitless access to information. Younger generations are more willing to gain information⁴ from web browsers than from a real contact with older generations.

⁴ This term should not be confused with a category of knowledge, or life wisdom.

When presenting a matter of a place of a senior in society, one should refer to sources of knowledge about described phase of life, namely the literature of gerontology. With the use of critical analysis prepared by E. Skibińska, the findings of the author mentioned should be that are referring to the second half of the 20th century, when social gerontology started creating it scientific personality. Unfortunately, only in 70s, in Polish literature of gerontology, there was no significant change in the matter of attitudes towards old age despite the fact that, for example, in France and Poland, Universities of Third Age were formed. Seniors were presented as units not able to fulfill their materialistic and non-materialistic needs, and old age was described only from the perspective of physical and psychical regressive changes. In the literature of these times, noticed can be the attempts to transfer the accent from deficits and physical and psychical disabilities on these features, which allow people to live through the old age in an efficient way. The 80's are connected with presenting the phase of old age, not only as a negative trend, but first opposing research tendencies occurred. Old age is framed in the category of a phase that allows further development. This type of approach is not dominant, but it is only depicted as an alternative option. The 80's are characterized by underlining the differences between the "good" and the "bad" old age. "Good" old age is a phase that is active, valuable, whereas "bad" is connected with a weight in society, brings shame. In the 90's, it is difficult to talk about an affirmation of the old age in the subject literature; however, observed may be the changes referring to the image of the senior. Old age is no longer treated as a social problem. In books of science or meta-theoretical character, depicted are advantages of old age through the not discovered or unnoticed possibilities. Last phase of life is treated as a natural cycle of human life, as a continuity of earlier stages so the stress is put on preparation for old age. The senior is presented in a multidimensional light with significant stress on his/her individuality and potential that is yet to be developed. When summing the consideration in the matter of literature, E. Skibińska underlines that one may have an impression, that subject literature significantly, beats the surrounding reality, in which a senior still does not have a dignified, well-deserved position (Skibińska, 2006, pp. 229–54). However, by undertaken analysis, establishing scientific associ-

ations and science centers, the problem of the old age is more discovered and understood by science communities and the receivers of the presented knowledge, who are also young people, who will become old one day. What is more, the actions taken, also in the form of scientific research, are indirectly of a use to governmental organizations and non-governmental organizations (NGOs) that create a proper physical space, in which seniors function.

It is worth mentioning that in autumn 1973, by the initiative of Prof. Jerzy Piotrowski, established was the Polskie Towarzystwo Gerontologiczne (PTG; eng. The Polish Society of Gerontology), as an interdisciplinary scientific association, uniting representatives of different branches: sociologists, demographers, psychologists and doctors of medicine. Moreover, during the gerontological conference in Zakopane on April 20, 2010, over a dozen people started the research on aging processes. The Stowarzyszenie Gerontologów Społecznych (SGS; eng. The Association of Social Gerontologists) unites specialists of the knowledge of upbringing, especially andragogists. The SGS is devoted to research on educational and pedagogical aspects of aging processes. Such initiative, is a natural movement, indicating the development of science dedicated to aging processes in Poland. Creators of the SGS hope that the actions taken will contribute not only to the improvement of social gerontology as a scientific discipline, but also to improve the life of seniors in Poland (SGS, 2010). In Poland (Łódź, Wrocław, Warszawa, Bielsko-Biała, Kraków, Oświęcim), Slovakia (Bańska-Bystrzyca, Nitra) and the Czech Republic (Praga, Olomuniec) there are more and more academic facilities working on research in the matter of old age from the point of view of: demography, education, sociology, culture and medicine.

In addition, the demographic situation influences the social position of seniors. When the representation of this age group is not large, they are treated with respect and care. The growth of the number of seniors favors the opposite tendencies. Moreover, the position of older adults' shapes depends on political systems. In the historical hierarchic and autocratic systems, seniors occupied a higher position in which often the gained knowledge has been for life. Modern democracies are often created by young and middle-aged people, in opposition to the inheritance of privileges determined by age. Nowadays, old people are a part of political elites and they are more often perceived as an important

and a numerous electorate (Klimczuk, 2012, p. 30). Perception of the old age undergoes changes and it is an inevitable process in times of constant changes.

1.3 Demographic Changes

Data that were presented so far should be set with prognosis depicting the situation of aging Poland in the background of other parts of the globe. Currently, the Polish age structure is close to one of the countries of Eastern Europe; whereas, within next several dozen years, the group of people over 65 and middle-aged groups will increase significantly. Thus, countries of the Eastern Europe region will become countries with the biggest proportion of seniors in the EU in the short term. However, we need to remember that the population aging is taking place everywhere around the world.

As C. Mech (2012) underlines, reference to the latest analysis by the Organisation for Economic Co-operation and Development (OECD) called as the *Looking to 2060: A Global Vision of Long-term Growth*:

The saddest conclusion for us (...) is a projection of changes, which takes place in Poland. According to the OECD, in 2030–2060 the slowest development or actually no development at all will be observed in Poland. Then, the growth will be on the level of 1%, basing on statistics of prices from 2005, whereas even significantly richer countries of the OECD will be had developed about 70–80% faster (1.7–1.8%). The cause is not supposed to be a demographic breakdown of Poland, which will reduce our economic growth by 2011–2060 to 0,6 percentage point per year. Even Japan, which is touched by a severe demographic breakdown (the loss of growth equals 0,5 percentage point), will develop faster – namely 1.4% a year in 2030–2060. Demographic loss of Poland, if considering the half of a century, will be the highest and only lower than Russian, which will increase its growth or 0.3 percent points. The above-mentioned factors that slow down the economic growth, are the results of the anticipated world-highest demographic overload counted by an indicator of correlation between the share of people in post-productive age (over 65) and productive age (15–64), which will fly up to 64.6% in 2060 and only Japan will record a higher level of 68.8%. However, in Japan, the overload rate will equal 31.7 percentage points, whereas it will be 3 or 4 times higher in Poland (to compare in Japan 1.9), it will grow beyond imagination – 45.6 percentage points. As a result, the share of the population in productive age will decrease from 71.4% to 53.4%.

Table 1 Percentage of people over 65 in population and its average age

Year	Percentage of people over 65 in population			Average age		
	1950	2005	2050	1950	2005	2050
World	5.2	8.1	16.2	23.9	28.0	38.1
Africa	3.3	3.4	6.9	19.1	19.0	28.0
East Asia	4.4	8.8	24.8	23.5	33.4	45.9
South-Central Asia	3.7	4.7	13.5	21.2	23.3	37.2
Southeast Asia	3.8	5.4	17.6	20.6	26.0	40.2
Eastern Europe	6.5	14.3	26.6	26.4	37.5	48.1
Poland	5.2	13.3	31.2	25.8	36.8	52.4
Western Europe	10.2	17.2	27.7	34.6	40.5	46.7
Latin America	3.5	6.3	18.5	20.0	26.0	40.1
South America	3.4	6.4	18.5	20.4	26.5	40.0
North America	8.2	12.3	21.5	29.8	36.3	41.5

Source: (Bonj, 2008, p. 14)

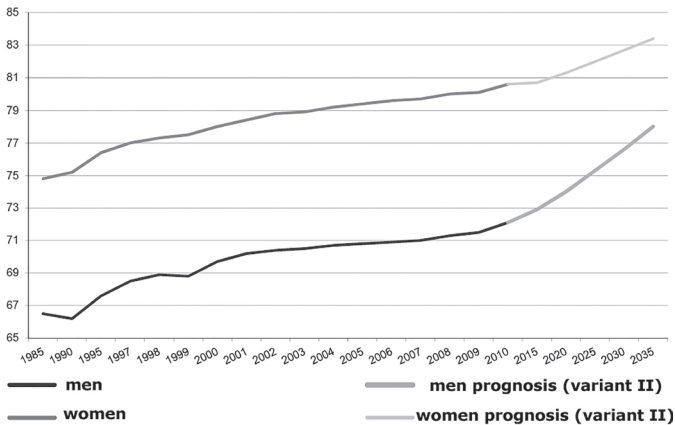
Table 2 Median age of people in Poland in 2007–2035

Year	Overall	Men	Women
Overall			
2007	37.3	35.3	39.4
2020	41.4	39.8	43.2
2035	47.9	46.0	49.7
Cities			
2007	38.5	36.0	41.1
2020	42.4	40.5	44.4
2035	48.6	46.4	50.5
Province			
2007	35.5	34.2	36.8
2020	39.9	38.7	41.1
2035	46.9	45.5	46.3

Source: (Błądowski, 2012b, p. 15 by the Central Statistical Office of Poland).

As data and recent analyzes show, significantly fast growth of a number of the oldest part of society will take place after 2025. This process will last for many years to come, and the best example for this is a median (center value, the average value) of the age of people in Poland. If a median crosses the value of 25 years of age, demographers consider society as demographically old. In 2060, it is believed to go beyond a level of 54 years of age and will be, except Slovakia, the highest in the European Union. Demographic aging of Poland will be most intensive in the European Union (Błądowski, 2012b, pp. 15–17).

Figure 2 Life length divided into sexes in 1985-2035



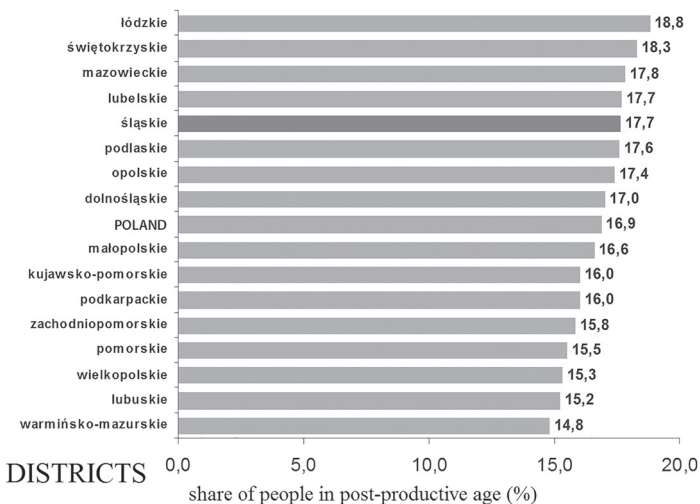
Source: (MPiPS, 2012, p. 4).

When transferring data from Figure 2 about Polish reality, it is worth noticing that a significant fact is that because of the increase of quality of life, an average life length of the Polish citizens was prolonged (Czapiński, Panek, 2014). Within 10 years, since 2000, an average life length increased in 2.6 years for women and 2.4 for men, so in 2010 the average life length equaled 80.6 years for women and 72.1 for men. According to the prognosis of the Central Statistical Office of Poland (pol. Główny Urząd Statystyczny), until 2035, an average life length will increase within 8 years for men and 3 for women. Detailed information about human life duration was presented in Table 1 (MPiPS, 2012, p. 4). In reference to an average life length, it is worth underlining that the

more years given person lives, the bigger a chance for him/her to live longer than an average since he/she avoids premature death causes (Szarota, 2013, p. 6–12). Thus, a senior during his/her lifetime avoids such events as injuries, accidents, heart diseases that kill 40 and 50-year olds, rapidly decreasing the average life length. If a potential person survived these phenomena, his/her chance to survive years beyond the mean increases (Błądowski, 2012a, p. 85).

In chosen districts of Poland, assigned were, within a few years, institutions devoted to the challenges that society has to face. The demographic situation in Silesia, which is a neighbor of the Czech Republic and Slovakia, is covered by Obserwatorium Integracji Społecznej (OIS; en. The Social Inclusion Observatory) operating in association with Regionalny Ośrodek Polityki Społecznej in Katowice (eng. The Regional Social Policy Center in Katowice). During the conference, which took place on December 12–13, 2012, presented were partial results of the report from the project 1.16 *Coordination for active integration*. As researchers from the OIS underline: “At the end of 2010, the percentage of people in post-productive age in Silesia was 17.7% with an overall Polish average of 16.9%. Silesia was ranked fifth in the country” (Błasiak, Ciupek, 2012, p. 17).

Figure 3 Percentage of people in post-productive age by districts – for 2010



Source: (Błasiak, Ciupek, 2012, p. 18).

In reference to the mentioned Figure 4, it is worth observing that in Silesia “demographic prognosis for 2010–2035 anticipates further growth of a number of seniors. In 2020, it will equal to 23.5% and 28.2% in 2035” (Błasiak, Ciupek, 2012, p. 17).

Figure 4 Share of people in post-productive age – prognosis for 2010-2035 for Poland and the district of Silesia



Source: (Błasiak, Ciupek, 2012, p. 21).

The process of aging in Poland generated a structure typical of an old population⁵. Moreover, measures of mortality indicate that the intensiveness

⁵ It should be mentioned; that World Health Organization distinguishes 5 phases of aging of people:

1. Lack of signs of the demographic old age – fewer than 8% of the population are the people over 60 years of age.
2. The early stage phase between a state of the demographic youth or old age, 8–10% of the population are over 60 years of age.
3. The late stage phase between a state of the demographic youth and old age, 10–12% of the population are over 60 years of age.
4. The demographic old age – 12% or more of the population are people over 60 years of age (Rosset, 1967, p. 193 cited by Szarota, 2010, p. 45).
5. The state of advanced demographic old age – 12% or more of the population are people over 60 years of age (Klonowicz, 1986, p. 36 cited by Szarota, 2010, p. 45).

The United Nations presented another division of societies according to developmental phases:

- I phase – “young” – it is less than 4% of people who are 65 or more in society,
- II phase – “mature” – between 4%–7% of people at that age,
- III phase “the old” – more than 7% of people at this age,
- IV phase – “advanced old age” – people over 65 are more than 10% of the population (Szarota, 2010, p. 45).

of deaths among people, also seniors, decreases. There are also changes in causes of death in societies based on the fact that heart diseases, which is the leading cause of deaths are alleviated, whereas decreasing is the situation in the area of cancers, which are the second cause of deaths as far as a tendency of growth is concerned. Subjective and objective measures of health state of people, who is a disability or morbidity rate indicate a decreasing health condition of seniors in 1999–2004. At the same time, mortality of seniors decreases whereas the anticipated life length is growing (Kurkiewicz, 2007, p. 52). Such changes generate a serious overload for health care system depicted, for example, in a line in medical centers for all people, regardless of age (Genowska, Jamiólkowski, Szpak and Pajak, 2012, pp. 673–679).

1.4 Pop Culture and Perception of the Old Age

Modern times are a phase of youth pop culture dominance. Pop culture, viewed as contents that are easy to receive, very often commercial with a noticeable amount of entertaining elements attracting a mass audience who, with no intellectual effort required, interweave with the lives of the modern people. Currently, in mass media connected with pop culture, one may come across apotheosis of youth. The cult of youth itself is not a new phenomenon, since it was present in ancient times. However, in the 21st century, it gained a new dimension by spreading the cult of the body (Konieczna-Woźniak, 2011, p. 175). It seems that nowadays, mass culture stopped considering the process of aging and old age as a natural continuity of life. Many times, one may have an impression that in the post-modern world, the phenomenon of old age is treated in chosen areas as a disease, which should be fought. The senior is even obliged to look young and feel young. In the realization of this task, helpful will be numerous pharmaceutical specifics, supporting memory, concentration, vitality, improving physical conditions, preventing depression and anti-wrinkle and making the body strong. Attractive and young appearance occupies a high position in pop culture. It may even be stated that it is a crucial factor in valuable and human-like existence in the post-modern world (Zawada, 2011, p. 131).

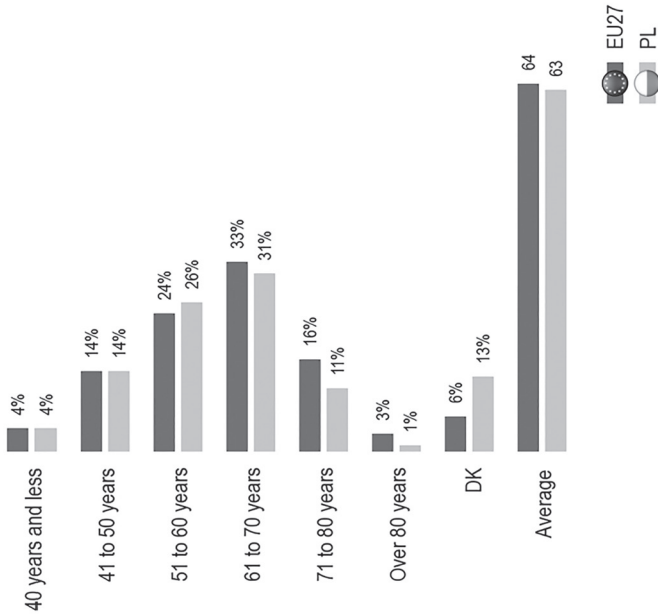
Being young and attractive is necessary these days. It is worth referring to sociological research findings, which show that within 10 years, the image of seniors underwent a significant change. When analyzing illustrations of popular newspapers, researchers concluded that only in 1996 seniors were depicted in popular magazines as people wearing casual clothes (66.67%). In 2000, the tendency remained (64.44%) but in 2006, almost half of illustrations with seniors on them could be qualified as ceremonial (46.7%). Moreover, within a few years, also a number of images of seniors in sport clothes increased in order to encourage people in physical activity (Podsiadła, 2009, pp. 220–1 cited by: Konieczna-Woźniak, 2011, p. 175).

However, this process is a part of another significant element – namely socioeconomic status, which is one of the determinants of the aesthetics of seniors in dimension of individuals and groups (Zawada, 2011, pp. 124–5). Although, in every age the esthetic trends are in societies in which widely accepted ideal of beauty is based on strength and youth, the position of seniors automatically decreases (Klimczuk, 2012, p. 30). As R. Konieczna-Woźniak underlines, old age in popular culture is not depicted through its images, but only through those, who have a positive dimension and commercial character (Konieczna-Woźniak, 2011, p. 176). However, this theory can be argued with because the topic of old age that is not non-realistic raises an interest of a mass audience for which evidence is an enormous success of a movie by M. Haneke called “Amour” (2012), describing the process of old age in a very direct way.

The above-mentioned process is joined by the change of category of the senior. Modern 60-year-old is significantly different from his/her peers from a decade ago. The average adulthood occupies a position, up-till-now reserved for an early old age. In 2011, the European Commission conveyed the research (Poland N=1000, EU27=26723) referring to the topic of active aging. Two of many questions referred to the perception of people as either young or the old.

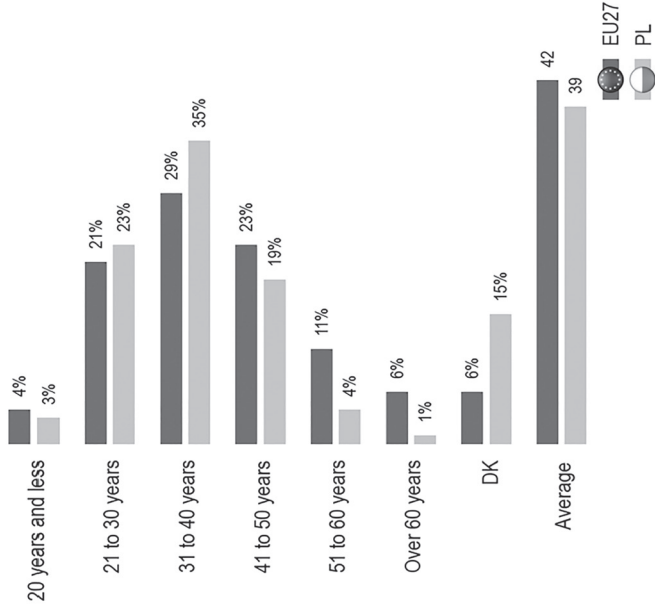
Above-mentioned results seem to be interesting from the perspective of further considerations connected with defining processes connected with aging and old age. It should be mentioned that considering a person a senior is close to the phase of retiring and its first indications refer to pass the age of 50.

Figure 5 Perception of old age in age categories – part I
In your opinion, thinking about the age when one starts to be regarded as “old”, at what age would you say that happens?



Source: (European Commission, 2012, p. 3)

Figure 6 Perception of old age in age categories – part II
And thinking about the age when one stops being regarded as “young” at what age would you say that happens?



Source: (European Commission, 2012, p. 3)

1.5 Old Age in Media Message and Lexical Resources

When analyzing old age in media messages, A. Stefaniak-Hrycko notices that the *anti-aging* industry made an old age an excellent trick favoring the support for a need for a broad range of goods connected with anti-wrinkle creams, fat-reducing specifics, exotic spa salons. The old age is “a scarecrow,” which aim is to cause a will to buy different kinds of products and service, whereas media constantly underline positive sides of being young. Maintaining youth remind people of a well-maintained body, which corresponds to states of mind such as play, pleasure, and adventure. Next determinant referring to the old age in very different perspective, are commercials showing old age in the context of deficits connected with a broad range of pains of: spine, joints, flatulence, indigestion or problems with digestion or the blood circulation system. Thus, older people are presented in traditional media (press and television) mainly in contexts such as family, medicine, and as experts. Medical commercials most often refer to the earlier-mentioned deficits. Spots connected with family aspects, most often depict positive connotations of the landscape of peaceful scenes (gardens, holidays, grandmother’s day or grandfather’s day). Usually, commercials of this type have connotations connected with the exchange of goods favoring intergenerational integration. In aesthetic commercials, seniors explain what should be done in order to look and function well in old age and show ways connected with fighting the symptoms of old age (Stefaniak-Hrycko, 2012, pp. 89–90).

Different categories of media message encouraging purchasing of service and products are expert commercials, where the seniors play roles of authorities, conveying their knowledge and experience based on life wisdom, age, experience or a role in society. In untypical way, commercials can encourage to use the offered services through new media. A few years ago, very popular was a commercial by Onet.pl where female seniors – friends recommended by their peers one of the most popular websites in Poland. Unfortunately, hardly ever, commercial caregivers succeed in going away from a stereotypical perception and depicting old age, in consequence, leading to a reinforcement of the wrong image in society. On one hand, a pattern of commercials (shortcuts, captions,

and a short time) forces the use of this type of patterns. On the other hand, it is used to repeat the untrue connotations for many cases. Depriving old age of its mythical dimension through its different sides is a difficult task, not comfortable in the situation of an overload of clear messages generated by old and new media. Positive changes of the situation of seniors require the understanding of old age and fight against the stereotypes. In the context of the earlier-mentioned demographic changes, anticipated should be the intensive growth of commercials devoted to senior consumers (Stefaniak-Hrycko, 2012, pp. 90–95).

M. Szyszka and K. Walotek-Ściańska make a valid observation that portraits of seniors presented in commercials are not real indicators of social reception of aging and roles of seniors in society. This derives from the fact that it is difficult to include the whole variety of senior groups, along with their dynamically changing roles in life, society, professional careers, in a few simple media messages. Moreover, the authentic presence of seniors in media is a rare phenomenon. Seniors are not media-popular, since they do not fall into the category of being attractive, which is set and searched for by a modern mass media concentrated on youth, politics or a search for news at all costs. Seniors do not take part in spectacular strikes, hardly ever appear in public and organizations, which not many are part of; they do not hire agencies of public relations in order to draw attention (Szyszka, Walotek-Ściańska, 2013, p. 95).

Furthermore, interesting is the analysis of old age in linguistic areas. Philologists observe that old age is a subject of taboo; thus, in literature, there are very few lexical-phraseology metaphors of old age qualified as euphemisms, synonyms, cacophemisms or periphrases. It is obvious that the human language is a record of the surrounding reality and, through its most profound meaning; it determines the status of social phenomena and features connected with it. The analysis of lexemes of the old age semantics fields conducted by M. Bortliczek shows the language allows the description of seniors in a way that is generalized, veiled and very direct. Despite recognizing majesty and nobleness of some lexemes (for example, an old man, old woman, the elders or senior), old age is sometimes characterized also in an overwhelming way as unacceptable part of life (Bortliczek, 2012, p. 36), for instance: *mohair berets* (pol. *moherowe berety*). Determining the phase of old age may be expressed in

a number of ways as, for example, the *golden age*, *aged*, *third and fourth age*, *an elder person*, *autumn of life*. The number of terms describing elderly people in Polish current and professional literature is vast.

The 21st century is a time of new challenges that society has to face; concerning the reception and understanding of old age in the intergenerational context. The reception of old age is forced largely by demographic changes connected with generations, so-called *baby boomers*, which current roles are not only those given by tradition, for example, grandmothers or grandfathers. Sometimes seniors, against all age limitations, do not expect only peace but spend their lives in an active way. This state is reflected in commercials, in which seniors lead a social life, and their free time is described in a wider perspective than treating medical problems or babysitting (Sarna, 2012, p. 46). Advertising, as well as the media messages (series, movies), shape (on purpose) the image of the surrounding world. Thus, giving the media the title of fourth authority has been presented in the above-mentioned example differently since press, radio, television, and websites' force, in a specific way, an image of aging and old age. This state of matters is connected with the younger generation of atomized families where the intergenerational contact is significantly confined.

1.6 Intergenerationality

Seniors themselves, more often have a feel that they are not perceived as they used to be – as an authority, especially in areas, which most often are of interest of young generations. Computer and Internet usage, electronic information-communication devices (information and communications technologies; ICTs) as typical devices for information society is, above all, a determinant for the young generation. Moreover, in the modern world, dominant is futuristic orientation targeting in the future, innovation, change, sometimes along with the limitation of traditional, universal values and rituals. Of course, such issues are interesting to learn about. However, for a part of the younger generation they may be only a thing of the past, not very useful in a realization of current actions, which require knowledge and skills (Straś-Romanowska, 2012, pp. 56–59).

In such climate, people in the senior age who are the representation of the past, become unattractive for the younger generation. Lack of compatibility of seniors with the world of the young creates barriers, which cannot be overcome, and generate negative stereotypes and a general misunderstanding between generations (Mackowicz 2014, pp. 65–66) Along with age, adjustment to changes is more difficult and tiring. The senior is able to adjust to the world as long as the change dynamics go into agreement with the beliefs of the person and does not go beyond the adapting abilities or a belief system. In the atmosphere of the cult of youth, constant activity and pragmatism (Straś-Romanowska, 2012, pp. 56–59), changes in family structures, technical aspects of life, many seniors are subjected to new problems of individual, family or social nature. This paraphrased diagnosis may seem to be radical for some people, or maybe even controversial, but it contains certain unquestionable elements, which characterize the world in which current seniors have to exist.

On the other hand, gerontologists underline that inner-generational integration is valuable and possible to achieve. The young generation, when properly prepared by adults, may use the knowledge, experience and priceless help of seniors (Mackowicz 2014, p.70). Seniors need to contact the young, especially in the matter of drawing their interest, conversations and a widely understood help in complicated matters, such as those connected with administrative issues, modern language of institutions, and orientation in a technocratic world. Seniors need to talk about stories, traditional ways of organizing the everyday life (Fabiś, 2005, pp. 96–97), methods to solve existential problems and prosaic issues connected with a normal life.

One feature that makes old age outstanding is that the life of this group is led in the frame of small groups and not as earlier in places of employment or other institutions. We could even state that family becomes the most important point of reference. The family is the context for playing new roles during the retirement such as taking care of grandchildren, acting as authorities who are transferring values, bearers of tradition, and seniors who reinforce the family. However, during old age, the family gives the senior a sense of safety and in the early stage of old age; it is a key to gain the usefulness. The family situation

is also a point determining the range of undertaken activities, also those of non-family character (Chabior, 2000, pp. 112–3).

Priceless presence of seniors in the family as caregivers of grandchildren requires an underlining their good sides such as trust and safety, care for the person who loves him/her, a mutual sense of being needed, big patience, steady intergenerational contact or a supporter of the home budget, since hiring a professional nanny is an additional financial load (Žurko, 2011, p. 99).

According to research by PolSenior, which refers to the place of a senior in the family, the problem of loneliness⁶ in Poland is a case in a relatively small group of older adults. There is a noticeable dependence that with the age also raises a sense of loneliness. A significant determinant of this dependence is also a gender. Women feel lonelier than men, even the youngest group (55–59 years of age). The form of family life also influences the feeling of loneliness. People, who live alone without a spouse, are lonelier than seniors, who live with children or grandchildren. It should also be underlined that analysis of the generation set indicates a strong dependence on the environment in which a senior life in and a current family model. In the country, there are more multi-generation families, whereas in cities (especially big cities) more attractive are one-generation forms of family life (Szatur-Jaworska, 2012, pp. 444–446).

Very often, old age does not agree with youth and adulthood. These three groups are of a critical character. Young people do not understand, do not notice, are not patient and sometimes treat seniors as ballast and a problem. Sometimes, elderly people complain about that “young” lack sensibility, experience, imagination, anticipation. Acquiring this type of thinking causes stereotypes, mutual distrust or even hostility. Alleviation of this type of attitudes is a pedagogical task. It requires a mutual opening of one group separated by the age on another. Mutual opening on each other is connected with a skill of empathy, requires a certain sensitivity referring to the situation of the other person. Fulfilling this condition is crucial in order to open and fill the intergenerational space (de Tchorzewski, 2004, p. 100). The model of a multi-generational family that was

⁶ According to B. Szatur-Jaworska, the sense of loneliness is not equal to loneliness, treated as living alone or with the lack of a life partner. The sense of loneliness is a subjective evaluation of one's situation. Loneliness derives from a lack of contact with other people or its insufficient intensity (Szatur-Jaworska, 2012, p. 444).

present only a dozen or more years ago in Poland, in a natural way, brought certain generations close, through the everyday co-existence. However, this changes with the modernization, urbanization, and migrations of young people to cities. Currently, by the dominance of an atomized family model, rapid change influenced the attitude of young people towards older people and aging. Every day, co-existence even without thinking about the age of individual family members, shaped the value system of a younger generation, taking into consideration the biosocial functioning of members of the family. Thus, being sensitive to the needs of seniors occurs because of co-existence.

When referring to the above-mentioned considerations of a change of a family model and observation can be made that in the current Polish education system, too small pressure is put on preparation for co-existence with seniors. This state is deepened by a change of a family model, which makes it impossible for young to experience the old age. What is more, some educational packages build and reinforce an unfavorable image of the old age. In order to change the perception of old age, only in the view of deficits, there is a need to realize the following principles through education (Borczyk, Wnuk, 2012, p. 75):

- The development of children and youth, the understanding of old age as a natural phase of life, equal to all other,
- The presentation of old age as a phase of life that is dynamic, active and various,
- Change of the attitudes, in which dominant is a distance or aversion towards friendliness and openness,
- The development of positive thinking about old age, also in a perspective of a thesis that “we all are going to be old one day,”
- The creation of space, where seniors may share their maturity and life wisdom with a younger generation,
- The high stimulation of intergenerational cooperation.

1.7 Non-homogeneous Old Age

Old age is a uniformed phenomenon. Each senior has a different health source, life experience, economic, and family situation. When analyzing the psycho-

social phenomenon of functioning of older adults, the reference should be made to the typology proposed among the Polish scientific environment by G. Makiello-Jarza, who divides functioning in late adulthood into:

- “Degrading” old age – affecting people with diseases that are hard to cure or lethal, contributing to the full degradation of a human. A senior in this situation can count only on caregivers. In this concept, human is a suffering being, many times behaving in inadequate ways;
- “Lost” old age – caused by limitations connected with sclerotic changes. Such people are deprived of a sense of security; their health condition and everyday functioning are subjected to constant degradation;
- “Bitter” old age – typical for people who came to terms with physical changes in the phase of old age and, at the same time, who in a positive way evaluate their lives. It is the example of old age, marked by understanding, empathy, kindness and help;
- “Wonderful” old age – dominated by creativity, activeness, sharing one’s own experience with the world. Seniors who fall into this category, search for a conscious contact with God, look for a meaningful life and death. Such people are happy to be alive, and are fulfilled.
- “Elevated” old age – a higher level than “wonderful” old age, it contains the highest level of development of a human that found the meaning of life, old age, union with the absolute. People from this category are characterized by a cheerful acceptance of the world, understanding of the reality. This kind of old age is great, independent, and humble, concerning chosen people only such as John Paul II or Mother Teresa of Calcutta.
- “Common” old age – characteristic for most seniors, it consists of the above-mentioned factors. Depending on the situation and experience, “common” old age life is led as “wonderful” and other times as “bitter.” Steady in this concept are happiness, sadness, health and sickness (Makiello-Jarza, 2004, pp. 82–84).

A common myth about the old age is that people categorized as seniors are treated as poor. It is not true at all. For instance, according to statistical

data, 86% of Czech women and 90% of Czech men are not in danger of materialistic deficits and, realistically, the category of the poor includes only 1.5% of women and 0.5% of men (Jarosevska, 2013, p. 120). The myth of a senior in danger of poverty is used by the media, which in the light of social dissatisfaction, for example, due to the rise in the costs of electricity, rents, gas, medication and food prices, refer to groups that have less money, namely seniors. A mixture of low incomes with the oldest social group creates automatic and unfavorable stereotypes among the rest of society. On the other hand, it is true that it is seniors, who are exposed to the decrease in income and as a result, decrease in the quality of life, especially after retirement, for example, because of a health condition.

However, to complement the above-mentioned information, it should be underlined that the quality of life and, not so much status quo of a senior in society, are also determined by a capital gained during productive phase. In Poland, seniors mainly live on retirements (85.5%) and pensions (12.8%) and of such sources as help from other people (0.9%), benefits (5.3%), life sentence (0.6%) and other sources not covered by research (2.5%). According to the report by PolSenior, there are a few strong dependencies, which should be mentioned in this analysis (Błędowski, 2012b, pp. 397–405):

- The larger the age group, the bigger the share of people receiving benefits,
- People, who live rural areas, more often receive lifetime assistance or other support benefits,
- Men have significantly higher income than women; this information confirms the worse situation of women, which is connected with a bigger economic overload for their family environment,
- About 2/3 of seniors surveyed state that with saving money, they can fulfill their needs,
- Every seventh respondent (14.4%) had a problem with the purchase of medications,
- Households of seniors in the country are not as well equipped with microelectronic devices than those who live in small or large cities.

1.8 Old Age Closed Within Stereotypes

Another element mentioned in the typology, conditioning the place of seniors in social stratification, are stereotypes connected with old age. A. Zych states that there is a visible correlation between the image (very often not fitting reality) of a senior and attitude of society towards old age. A particular feedback, being a foundation of all stereotypes, also derives from certain attitudes of seniors towards their own old age (Zych, 1999, p. 138). Moreover, stereotypes in an ambiguous way, are transferred to the attitudes of other social groups towards seniors (Schmidt, Boland, 1986 cited by Zych, 1999, p. 138)

The process of shaping stereotypes connected with old age depends primarily on social interactions of seniors. For instance, if an elderly person absorbs an attitude of dependency from others, loneliness and social isolation, he/she creates a stereotype that he/she is a person who is weak, dependent, abandoned, and lonely (Zych, 1999, p. 138). Such stereotypes are, in turn, deepened by the style of life of a majority of seniors in Poland, based on reducing one's own living space in the social sphere only to current matters connected with life of close family and maybe neighbors; moreover, through limitation of cultural needs to offers of radio and television, whereas in reduction of one's own needs of the activities connected with solving quizzes and crossroads. Of course, there is a group of seniors who spend their lives socially among friends, members of University of Third Age (U3A; pol. Uniwersytet Trzeciego Wieku; UTW), activists of senior clubs who cooperate with NGO, taking part in artistic and entertaining events; however, there is a small group (Wąsiński, 2012, p. 44).

The exclusion, being a common phenomenon, is strongly connected with the production of social stereotypes, most often it is an invisible process for seniors themselves. Acceptance of "the uniform of old age" is exemplified by the belief of seniors concerning their own rights and abilities ("it does not go in this age," "at this age I have to focus on something appropriate for an older person") and forced by tradition and expectations of other social groups towards seniors ("you have to give the young space") (Wawrzyniak, 2012, p. 358),

especially in small local societies. It should be added that auto exclusion is a very subjective process, deriving from life biography. In the situation of attempts to prepare lives balance so that, in old age, the mentioned phenomenon may be increased, in case of a negative evaluation of chosen phases. In order to discover these dependencies, used are biographical methods successfully used in gerontological research.

Negative, stereotypical expressions referring to old age are shown by Schmidt and Boland, as eight personal patterns (Schmidt, Boland, 1986 cited by Zych, 1999, p. 140) considered as a type of human that is:

- Physically-weak, slow⁷, forgetting, of low sight-motor ability
- Defenseless, fearful, calm, living poorly, with a low capital, subjected to crime⁸,
- Lonely or abandoned, treated as not-trusting, level-headed, living in the past, conservative, old-fashioned⁹ and not keeping up with the changes,
- Not devoted (socially-excluded), depending on family, the sick, in need of care, thinking slowly, of weak physical condition,
- "Nosy neighbor," determined by such features as thrifty, gossiping, bitter, unattractive, naive, and greedy¹⁰,
- Demotivated, unhappy, sad, waiting for death, hardly active, leading a sitting life,
- "Old prick" and "wanderer," dirty and useless, being a weight for society,

⁷ Specific stereotypes are reinforced by new media. A good example is a commercial of a snack, in which a player whose performance is chaotic, is presented in the background of the team as an old woman, which is confirmed in ageism formulations of actors starring in the commercial.

⁸ In Poland, Związek Banków Polskich (ang. The Polish Bank Association) along with Ministerstwo Spraw Wewnętrznych i Administracji (ang. The Ministry of Interior and Administration) and Komenda Główna Policji (ang. Polish National Police) issued a guide for seniors "How not to be a victim of 'grandmother' cheat." Seniors are in danger of becoming victims of this kind of trick, so the classification of Schmidt and Boland is controversial, since seniors are more often robbed that way than other age groups, for example, "parents as a method for son or daughter."

⁹ It should be mentioned that the term "old fashioned" is pejorative in reference to seniors, since it consists of a set of words old and fashion; thus, something that is old and does not keep up with new trends.

¹⁰ The pattern of mean old man was reinforced strongly by movies, the courtesy of a book "A Christmas Carol" by Charles Dickens.

- “Rude” and “mean,” irritated, bitter, unable to communicate, depending, complaining, jealous, hostile towards the younger generation¹¹, egoistic and self-centered.

O. Czerniawska adds that a stereotypical exclusion of seniors may be observed in medieval prayers, for example, St. Thomas Aquinas and aging woman – monk, from the 17th century. These people ask to defend old age from such features as chitty-chatting, nosiness, moods, ego-centrism, complaining about life, and focus on self, one’s own impatience health, impatience, accepting one’s own advice, bitterness, and being rude towards others. As it may be concluded from these prayers, these features derive from the presence of the devil, which was typical for medieval understanding of the world (Czerniawska, 2011, p. 166). However, mainly in Jewish and Christian tradition, old age was a subject of respect and a long life on Earth was a form reward for living in accordance with the commandments (see Ziębińska, 2010, p. 119).

The change of perception of the aging process of societies and old age itself is of crucial importance in the change of the senior position. Promoting a positive image of older adults, promoting knowledge about old age and needs and potential of seniors is a key in intergenerational dialogue, and in shaping positive relations with the use of the principle of solidarity between generations. Appreciation of old age is a key element used to create a positive image of people in the senior age. Fighting the negative stereotypes,

¹¹ New and old media, there are many misinterpretations by new and old media of some events, creating antagonism between social groups. For instance, in the article from the newspaper “Gazeta Wyborcza” of December 19, 2012, called “Dzieci niedługo cieszyły się śniegiem. Lokatorzy nocą zasypali piaskiem górkę [The Children Enjoyed the Snow Soon: Tenants at Night Peppered Sand Hill]” stated is that “on one of the districts in Piotrkowie Trybunalski, when the snow fell, kids started to slide from an uphill. Unfortunately, somebody quickly ended this fun and covered snow with sand. Apparently, the children were irritating neighbors – Yes, elderly women fight with children on the uphill – Joanna says, the mother of one of the children – and it happens every year.” Texts of this type make Internet users submit negative comments targeting at seniors, “when the freeze comes, children should spill some buckets of water here and there ;),” “Who needs in vitro when kids of those old, the Radio-Maryja loving, cheerful Catholics are so welcome,” “They could spill glass,” “I am sure those elderly women blessed this sand first” (Gazeta Wyborcza, 2012). The above-mentioned quotes show the attitude towards a presented typology of stereotypes, which in light of the conflict, change into real statements about the oldest group. Moreover, problematic is also an image of seniors shown as people harming the youngest, which show a controversy in the matter of journalistic consistency.

connected with age, favors the increase of quality of life of older adults. Also, mentioned should be another useful context referring to old age. In the literature of the subject, often the language that refers to the old age, is strongly euphemistic, which is expressed in terms of “second youth, young in spirit, third age, forever young.”¹² Moreover, the way of communication with seniors, also in public places, and especially by significant people (for example, staff, doctors, priests, sellers) reinforces the unfavorable attitude towards seniors. Use of a childish language in contact with older adults generates the reinforcement of the view that this group is characterized by a decreased mental ability and is more dependent and hopeless. Next element that is unfavorable for a positive image of old age is the earlier-mentioned “cult of youth” and the negative presentation of old age in the media (Chabiera, Tokarz-Kamińska, 2012, pp. 124–26).

1.9 Active Old Age

Most often, old age was noticed by not only demographers, gerontologists and social politicians. This topic was also covered in 2011 by the European Parliament and the Council of the European Union when they announced 2012 as the *European Year for Active Ageing and Solidarity between Generations*. The aim of covering this topic in the European dimension was to underline the phenomena of generation aging in the context of the promotion of the idea of active aging. Firstly, in undertaken actions underlined was the need to adjust the work market to the needs and limitations of seniors. Secondly, it was underlined that retiring does not have to equal alienation. Moreover, a reference was made to the fact that seniors have significant types of capital, which are needed in family (close relationships) and in the social surroundings (distant relationships). Next, active aging is only possible in a situation when it is easier for seniors to lead an independent life. The aim of the *European Year for Active Ageing and Solidarity between Generations* was to educate society that seniors

¹² Hryniewicz suggests that a reference should be made to the neutral character of the word old age. This term should be as neutral as young age, youth, or mature. Avoiding the word old age does not change the unfavorable situation of seniors, but only covers it (Hryniewicz, 2012, p. 8).

are not only passive and in need of constant care, but also active members of society, being workers, consumers, caregivers, volunteers, or citizens (Wójcik, 2012, pp. 27–28). The concept of activeness itself can be referred to the new trend in social politics, which states that at the time the increases of the senior population, an effort should be made to the optimal functioning of seniors in old age. This state is possible to achieve through active aging divided into categories: independent existence, supporting a physical and mental ability and supporting the affirmation of life. The concept of active aging also promotes the need to decrease the age discrimination (ageism), and at the same time support for the senior potential (cf. Klimczuk, 2013, pp. 34–35).

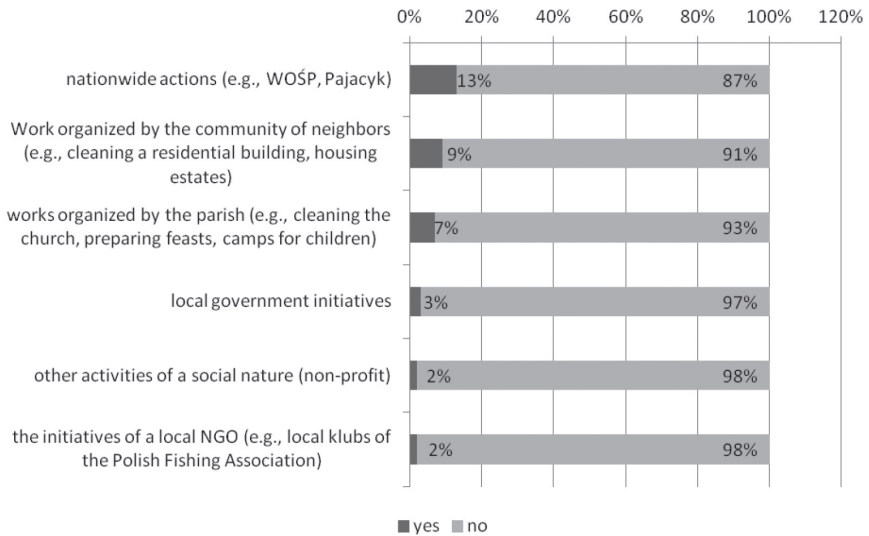
On the topic of active aging, it should be underlined that people over 50 are a group, which is the least involved in the social field. Activeness in this matter, is most often confined to participation in operations of non-government organizations such as Universities of Third Age, senior boards, senior clubs, local communities operating in association with churches and religious groups, professional organizations, self-support actions, social-cultural associations or country housewives' meetings (see Halicka, Halicki, 2002; Wądołowska, 2010; GUS, 2012; Czapiński, Błędowski, 2014). According to analyzes that compare activeness of people over 50 in Poland to other countries, it is still small (MPiPS, 2012, p. 9).

Social activity is a sign of a good condition of society of citizens; thus, this topic plays a significant role. D. Gierszewski underlines that in Poland it is clear that social activeness of seniors is not sufficiently developed despite their large capital of time. Only 4% of seniors declared a membership of a non-government organization and 6% expressed the sense of belonging and operating within them (Gierszewski, 2011, pp. 74). Research conveyed by G. Orzechowska on a sample of 1000 people shows that seniors have low self-evaluation in the area of social activity. Social contacts of this group are very small, since the 90% limit themselves to the family, 60% maintain contact with neighbors, 41% with friends, and 21% with friends from work. Not many of them belong to non-governmental organizations, and about 50% of the surveyed do not know an institution, which supports social activeness and helps them (Orzechowska, 2012, p. 368).

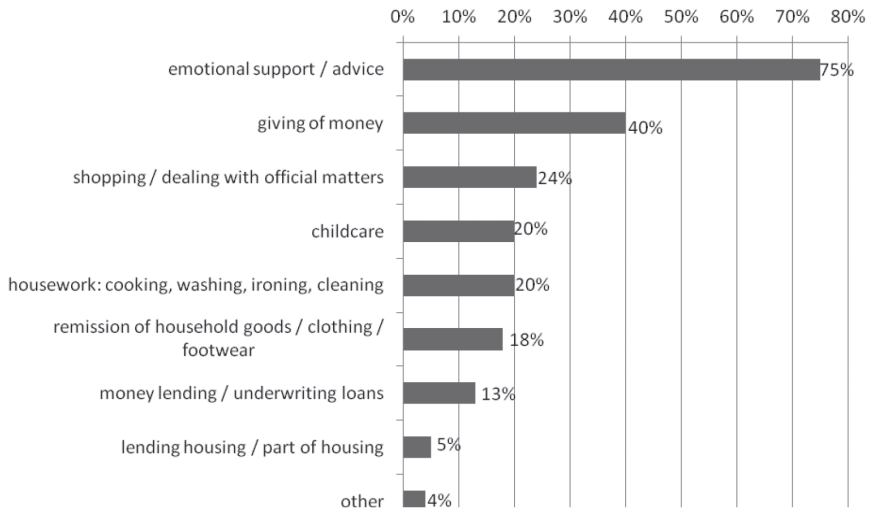
1.10 Activeness of Seniors on the Example of the Silesia District (Poland)

In Silesia (Poland), according to the Obserwatorium Integracji Społecznej (OIS), surveyed seniors most often have a contact with children (89%) and neighbors (83%), grandchildren and grand grandchildren, rarely with further family, siblings, and friends from work. In the context of the relationship with neighbors, only 1% of the surveyed declared that they do not know any of them. The smaller the city, the higher percentage of surveyed that know people from their close surrounding. Seniors from the district of Silesia rarely involve themselves in social actions; most often, they take part in national-wide actions like public fundraising (WOŚP, Pajacyk – 13%) or events organized in association with neighbors (9%) and work, which aim is a support for parish (7%). However, according to conducted research, the primary factor favoring social involvement is education. In activities of the senior club, most often take part the representatives of age group of 67–74 (7%), and least often people over 85 (2%). Only 4% of surveyed people took part in activities organized by the University of Third Age (U3A). However, along with aging, decreasing is the scale of taking part in this type of organization: 5% for 65–74 years of age, 4% for 75–84 years of age, 2% of people over 84. There is also a meaningful correlation between taking part in activities, organized by the U3A and a type of education. People with higher education are 16% of the U3A students, whereas seniors with elementary education are only 3% of the overall number of students (ROPS, 2012, pp. 48–51). Figure 7 depicts social membership of seniors in NGOs.

About 65% of surveyed seniors took part in the presidential election and only 59% – in the council election. Thus, seniors are groups that are more active during elections than other age groups. The lowest rate of voter turnout for parliamentary elections has the youngest group, which were aged 18–24 (53.8%) and 25–34 (52.1%). Male seniors are, in this case, more involved than female seniors are. Similarly, people living in the country more often take part in the election than people living in cities do. As far as culture is concerned, 47% of seniors read at least one book a year; however, there is a visible correlation, which shows that along with age, decreasing is the percentage of read-

Figure 7 Senior membership of non-government organizations

Source: (ROPS, 2012, p. 52).

Figure 8 The support offered by seniors

Source: (ROPS, 2012, p. 58).

ing in the oldest group. Seniors hardly ever receive service connected with culture since during last 12 months: 19% took part in outdoor party, 10% were in the cinema, 9% in theater, 8% visited a museum or a different kind of exhibition. Slightly more than half of the surveyed (55%), are strong believers (taking part in religious rituals at least once a month), whereas 10% do not practice at all. According to the research, more than a half of seniors (55%) supported someone. The scale of support decreases along with aging and visibly increases along with education. Chosen forms of support, connected with financial support and taking care of the child, are reserved mainly for the closest family (ROPS, 2012, pp. 52–58).

More than a half of surveyed seniors declared that they received support from close family, friends, and neighbors. The range of received support increased along with age of surveyed people. Most often, seniors receive support in such forms as emotional and advising (81%), shopping and taking care of official issues (59%) and in the matter of home works (48%). The vast majority of the surveyed (86%) underline that the support, which they receive, is sufficient (ROPS, 2012, pp. 60–61).

According to research by PolSenior, which references to the quality of life, and which complement the characteristics of modern seniors, more than a half of surveyed (59.6%) evaluate their quality of life as at least well, whereas dissatisfied people are 5.5% overall. Slightly more people in cities evaluate the quality of life as satisfactory. In the context of evaluation of one's own health condition, 45% stated that it is satisfactory, whereas 21.2% expressed dissatisfaction. It is important for programming of social and health interventions that the percentage of the people satisfied with their health condition is bigger in older age groups (Waszkiewicz, Einhorn, Połtyn-Zaradna, Gawel-Dąbrowska, Grabowska, Zatońska, 2012, pp. 551–3).

Moreover, according to the research conducted by the OIS on the representative for the region sample of 1100 people in the district of Silesia, typical senior is a person who (ROPS, 2012, pp. 88–89):

- Is over 73 years of age;
- Has an elementary-technical education or lower;

- Lives in a region of Katowice of population of at least 100 thousand citizens;
- Has two children, who live in the same city as he/she does;
- Lives in at least two-people household in which the income per person equals to 1500PLN without tax;
- Positively evaluates his/her material situation;
- Lives in an apartment of 61 m² of living space, which is his property and is equipped with: toilet, bathroom, water supply system, running water, central heating and gas;
- Positively evaluates his/her accommodation situation;
- Describes his/her health condition as the average;
- Is satisfied with his/her family situation;
- Is characterized by a high independence;
- If demands help, it concerns mainly: cleaning, laundry or shopping;
- Has a frequent contact with children, neighbors (knows almost everyone), grandchildren, and grand grandchildren; has less frequent contact with further family;
- Rarely is involved in social actions and, if he/she is, there are known, well-promoted national-wide actions;
- Is not a member of any social organization;
- Does not take part in activities organized by senior club or University of Third Age;
- Takes part in presidential, parliament or council elections;
- Takes part in cultural life, mainly by reading books;
- Does not work professionally and if she/he does, it is not on a regular basis;
- Helps others – also people outside the family – mainly in the form of emotional support and advising, but also by giving away money and shopping or taking care of official issues;
- Receives help from other people – mainly from close family – in a similar form as he/she offers help;
- Evaluates the support that he/she receives, from the family as sufficient;

- Does not use and, within 12 months, is not going to use the help of social support, mainly because of “no such need;”
- If he/she asks social support institutions for help, it is mainly because of: low income, severe disease, loneliness or lack of help from other sources;
- If he/she is a client of social support, uses mainly financial support or care service that is evaluated by him/her as sufficient and of satisfactory quality.

1.11 Senior Capital

Perceiving the old age as a phase of life that requires only support is not only a promotion of stereotypes, but it is above all untrue. Despite a small percentage of seniors who lead an active social life in the local community, this group have a range of other advantages, described in the literature as senior capital. The evidence of the capital maintained by seniors is, for example, the hypothetical typology proposed by A. Fabiś and A. Wąsiński (2008). In the frame of these assumptions, Polish seniors are in possession of such resources as:

- Time – despite other issues connected with family or with own health, they have more time than people who work and take care of their families, so they can devote themselves to other categories of actions (for example, pro-social),
- Experience – they have a significant life experience, as far as quality and quantity are concerned, which younger members of society do not have because of their age,
- Sensibility – led by their own experience, they rarely ever undertake rough decisions and actions which, in the long-term perspective could bring unwanted results,
- Involvement – willingly undertake concrete tasks; because of the importance of the project, they are involved in the organization of the project, not expecting financial benefits but the satisfaction of the completed task,

- Responsibility – if they get involved in realization of the project, they do it for the benefit of citizens, local communities, since the task is undertaken in the sense of its value and need for such initiative; seniors want to know that they can contribute to the realization of the project and leave a mark in the memory of other people (Fabiś, Wąsiński, 2008, p. 68).

In the analysis of the senior capital from the financial perspective, it is worthwhile to refer to the concept of intergenerational transfers, which was depicted in Table 3.

Table 3 Typology of intergenerational transfers

Type	Private, within the family	
Direction	Descendants	Givers
Material transfers	<ul style="list-style-type: none"> • Legacy • one-time gifts • financial support (for example, with the purchase of the house, for "life") • loans • educational expenses 	<ul style="list-style-type: none"> • Gifts (rare) • financial support (permanent or temporary) • financing care expenses
Non-material transfers	<ul style="list-style-type: none"> • Help in nature (renting apartments) • protective-educational services • taking care of grandchildren 	<ul style="list-style-type: none"> • Taking care of sick or disabled people

Source: (Szukalski, 2002, p. 16).

Current range of material transfers, in some regions of Poland, are until now actions allowing the existential minimum for multi-generation family. Sometimes, steady income in the shape of retirement or pension is totally or partially given to the closest people since seniors who take care of them have all of their needs fulfilled. Material transfer is also connected with all kinds of legacies (for example, properties, works of arts, antiques) transferred to members of the family, which allow the construction of multi-generational capital, where each of previous generations produces and transfers materialistic goods for following generations.

Among non-material values, which are maintained by seniors, a very important element is the capital of free time. The ability of active functioning of people in the third age in families, where there is a strong bond between parents and children, or multi-generation families that favor planning the time of this age group. It is not a new phenomenon, since supporting the care of children by grandmothers and grandfathers is, in Polish reality, a standard of intergenerational support (Bartkowiak, 2006, p. 9). The presence of seniors in family households is, therefore, a capital used by closest people with mutual benefit for the receivers and organizers of protective service. The oldest members of the family, through close contact with his/her grandchildren, reinforce the sense of confidence, sense of life, whereas parents are supported as far as time and economy are concerned, and they have the issue of taking care of children taken care of by trustworthy people. The capital of free time is also one of the very valuable resources of the non-material group in the aspect of intergenerational integration.

In the matter of analysis of human resources among seniors, carried was a research survey, which included 61 seniors from the University of Third Age of Cieszyn. Students were asked to give an answer to one open question – what capital do they have? The choice of research sample was not precise according to the pattern, since its goal was not to show any kind of correlations or tendencies for the whole population, but to give a first draft of the issue. The survey was constructed based on the research problem set in the question – what elements of a human resource do particular listeners of the U3A of Cieszyn have for seniors? Members of the U3A gave answers in the diagnostic survey to the question, what are the elements that are included in their personal human resource?¹³. Answers were obtained in 2010 among seniors who take part in computer classes. However, we have to underline that this results are not representative for the all older people in Poland. The below indications do not predispose, because of a small choice of research samples and narrowing of surveyed people to active seniors, to any wider generalizations referring

¹³ The question asked gave 5 people a difficulty, since the term of “capital” that they have not been understandable to them.

to the whole group. Indications were treated as indications of this capital. Answers of the capital were divided into the Table 4 (Tomczyk, 2011).

Table 4 The range of human capital of seniors

	Individual	Social
Material	<ul style="list-style-type: none"> • Apartment, property • own room in the apartment • savings • technical • garden • a car • self-made paintings • garage 	<ul style="list-style-type: none"> • Material help in accordance with the needs • support in many forms
Non-material	<ul style="list-style-type: none"> • Free time • experience • knowledge (touristic, professional, economical, about functioning of family, life, about leading the team, humanistic, about gardens, cosmetology, about handling the household, about most important values in life, herbs, legal, from the branch of construction and mechanics) • patience • sensitivity • manual abilities • pedagogical abilities • will to act • openness to new knowledge • a source of good advice 	<ul style="list-style-type: none"> • Taking care of children • helping the sick and disables people • help for seniors • social work • giving private lessons • giving advice • help in fulfilling many tasks • friends that can be counted on • transferring tradition • support in difficult moments, psychological help • physical support for close people • matrimonial • taking care of elder parents • preparing meals for close people • capital of human relations • conversation

	Individual	Social
Non-material	<ul style="list-style-type: none"> • skills (negotiation, listening to others, upbringing children, showing people how to reach success, model-making, organizational, text correction, agreement with others, making things out of wood, good sewing skills, creativity, convincing to own beliefs) • smile (sense of humor) • anticipation of surrounding reality • constant professional work • determination • availability • children and grandchildren • energy to act • sense of beauty and taste • objective look at the perspective • tolerance • happiness because of fulfilled life • understanding • sincerity 	

Source: (Tomczyk, 2011)

Dominating type of indications is referring to the capital that seniors of Cieszyn have, refers to non-material resources, especially individual features such as qualified knowledge and skills. Among the most popular elements, appears the capital of free time, the fulfillment of the roles of caregivers, help for elder, sick and disabled people and offering material support for those people. According to the indications obtained in a diagnostic survey, it may be stated that:

- Surveyed seniors have vast resources, consisting of various measurable and immeasurable elements,
- Dominating capital resource is non-material properties,
- Most of the elements are included in the individual determinants,
- Seniors have an excellent source of knowledge from a variety of branches, which they are willing to share with the surrounding,

- Seniors are interested in using the own non-material capital through work for the sake of close people and local social groups,
- Among non-material determinants, students of the U3A observe that skills from a variety of branches maintained by seniors are a significant, individual wealth,
- Material resources are composed mainly of goods fulfilling the needs of the lowest kind; however, because of a passion there are also indications showing that the capital may be generated on the basis of own talents, for example, painting skills,
- The answers given by surveyed people confirm that non-material resource, namely talent, may generate material goods, for example, a painting,
- Material resources are also those which allow triggering relations with another person, namely the conversation, being close, sincerity, understanding,
- Least indications connected with maintenance and use of material capital in the social context (Tomczyk, 2011).

On the basis of the analysis of the rich set of human capital indicators, which seniors have, a thesis from the *Report on Intellectual Capital of Poland* (pol. *Raport o kapitale intelektualnym Polski*) may be considered valuable and doable:

A challenge for politics of the government will be a transfer from a passive policy of social transfers for the sake of senior generation through an active policy, which uses an increasing market of the senior population for creation of new service and products, and use of intellectual capital of senior generation (Boni, 2008, p. 15).

The use of the abilities of the seniors is not an easy and easy-doable action, because of different features, among others, psychophysical, economic, family of people in a golden age, generating one proper way is not doable. It is connected with the individuality of each individual, and with unique existential conditions. Moreover, human capital is not a single summary of all indicated factors, but it is a new quality feature. Seniors themselves, very often are not

able to determine what their capital is in the local dimension, and what feature may be useful locally or globally. Thus, the problem of human capital is not easy for mathematical measurement (for example, through percentage), and is one of the many important indicators showing the direction, which should be followed by gerontological politics. Reception, which turns to the development and use of human capital resources for seniors, requires actions carried by many institutions dedicated to this. Significant role should be fulfilled by facilities that mission is activation of the oldest part of society (Tomczyk, 2011, pp. 137–8).

1.12 Social Capital of Older People and Economy

An advancing aging process often described as the category of appearing limitations determined by age, should be analyzed in the matter of positive results in the shape of efficient use of potential in oldest social groups. The division of society according to age: pre-productive, productive and post-productive loses its meaning, when under consideration are taken abilities included in the last of these groups. Unfortunately, many times, society does not see that senior capital directly influences the surrounding in which they exist (an original environment) and indirectly influences the whole society, enriching its resources. Significant in this aspect is the reference to words by E. Rosset, who underlines that “if we as a criterion of the moral state of society accept their attitude towards the elderly, their concern about our yesterday’s hosts, teachers, and educators than moral judgment about the level of contemporary civilization would not be positive” (Rosset, 1972, p. 1).

Seniors, from the point of view of ability to work, are seen by law-making institutions as able to work, so equipped with a proper resource of physical and psychical ability. The evidence for this is that in some countries of the European Union, also in Poland, carried are considerations about raising the retirement age. Of course, this state is not derived from an appreciation of the capital of seniors but is a result of the fiscal condition of the country (potential decrease in the time of retirement payment). However, apart from main aims of economic policy, it should be mentioned that modern seniors are more often perceived as valuable workers. An aging person gains more experience of quality

and quantity character. These events generate wisdom of subjects in the senior age. At the time of aging societies, legislative actions aiming at retirement age (raise the criterion of old age in a legal matter) significant were a proper use of potential hidden in the description part of society. In Poland the retirement is mandatory. In November 2011, the Polish government announced a gradual increase and leveling the retirement age for women (60 years) and men (65 years) to 67 years from 2013 (MPiPS, *Reforma...*, 2012). In May 2012, the Sejm and the Senate adopted an Act to extend the retirement age, which in the beginning of June has also been approved by the president. According to the Act, from 2013 the retirement age will increase by three months each year. Men will reach the new retirement age 67 years in 2020 and women in 2040.

In reference to the division of capitals in the literature of the subject noticed might be two trends (social and economic) and a third one, which is derived from two former (mixed). A person limited to the laws of the economy has a capital in material, financial, humanistic matter; however, in a social aspect, observed may be more factors in the shape of social, symbolic, cultural and citizen resources. Distinguishing particular capitals create inseparable unity significant in the matter of comparison that aim is to underline strong and weak in local, regional and global dimension. Holistic consideration of resources is also important, because of co-dependency between them when one of the types of capitals raises another resource that affects the general quality of life of seniors and their place in social stratification (Tomczyk, 2011, pp. 138–9).

The problem of old age-economy relation gains, in chosen communities, a positive meaning also in analyzes released by economists, because the world is not only composed of producers but also consumers. Recognition of economic changes correlated with the process of aging creates a new branch of the economy described as the silver economy. The foundation of silver economy is a positive approach to the aging process connected with a natural increase of service and products devoted to seniors in such areas as health care, education, rehabilitation, nursery, tourism, culture, and transportation. The development of this field will be connected with financial and reinsurance service that will stimulate the work market. In recent years, economy

has been discovering seniors more often as consumers, despite the fact that statistically, they have a lower financial resource than younger generations. Seniors become a new target of marketing specialists. Even now, observed may be more offers of telecommunication devices and services¹⁴, in this matter addressed for the older generation (Błędowski 2012, pp. 89–90).

The term of silver generation has two meanings. On one hand, this is evolution of the economy and the needs of the oldest parts of society without its interventionist direction. In another perspective, market of service dedicated to older people is stimulated “from the top” by, for example, research, analyzes showing needs of the oldest part of society. The earliest appearance of the term the *silver economy* was noted in Germany by expert reports on the situation of seniors. However, as S. Golinowska underlines, many examples, solutions and references were not born in Europe, but it was derived from Japan. Properties of the silver economy prepared by European experts were presented and accepted in the frame of the Bonn Declaration for the Silver Economy. In the framework of strategy, it was underlined that new demographic proportions are also a chance for improvement of quality of life of seniors and generate the ability to economic growth and the competence of Europe in comparison to other continents. The concept of the silver economy includes solutions of large social and economic significance. Social contexts of the silver economy underline the above-mentioned needs and different kinds of aspirations of aging the population, with respect to their needs and weaknesses. This element is used for widely understood the improvement of senior quality of life. On the other hand, the economic dimension is based on indicating benefits, which are depicted in triggering the potential presented by seniors in following aspects of: work, qualifications, purchasing power and consumption (Golinowska, 2012, pp. 135–46).

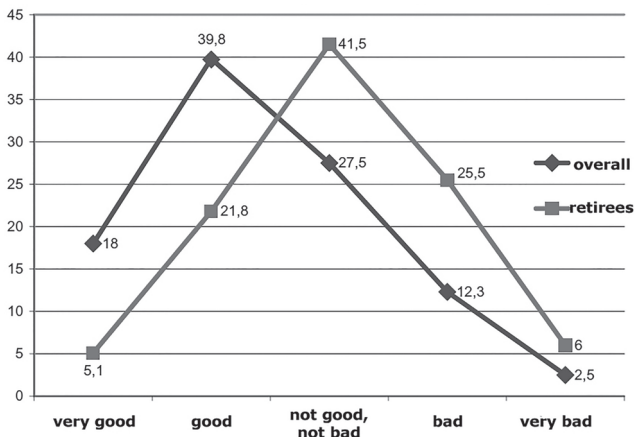
¹⁴ One of more interesting service may be an example of monitoring of seniors, which successfully functions in Western Europe and the United States. Monitoring is based on regular measurement of electrocardiography and calling help in sudden cases. The monthly cost (the USA \$25, Poland PLN39) includes a device that connects with central 24/7, where help can be given. There is a version of the remote device. Of course, the service is only a part of direct care; however, significant is senior life comfort, allowing active life with bearing in mind that in case of a danger he/she is not alone (Bartoszek, 2012, p. 173).

1.13 Health Situation of Seniors

Some representatives of modern social gerontology state that we are facing the paradox, based on the fact that everyone wants to live long, but nobody wants to be old and tries not to think about old age during the whole adulthood. Everyday chores, solving professional, family, existential problems, fight for the maintenance of proper status, causes the fact that hardly anyone thinks about the future. One's own old age is something extremely futurological (Trafiałek, 2007, p. 278), and often impossible to imagine. Successful aging is composed of whom we are in adulthood; the lack of participation in this case, is leading to unwanted progressive changes in health and psychological dimension that increase with age.

The significant element that shapes the quality of life in old age is a health condition shaped consciously or unconsciously in the phase of early and middle adulthood. According to the research by the Central Statistical Office of Poland (pol. Główny Urząd Statystyczny), a self-evaluation of health condition gets worse with age. Almost 27% of pensioners declare that they feel good or very good. However, 31.5% evaluate their health condition as bad or very bad. Thus, basing on subjective indications of surveyed people, it may be stated that 1/3 people in old age need professional medical care (Kijak, Szarota, 2013, p. 15).

Figure 9 Evaluation of a health condition of retirees in Poland in 2011



Source: (Kijak, Szarota, 2013, p. 15 by the Central Statistical Office of Poland)

As the authors of the report by PolSenior program state, among the population of seniors, sight disorders were found in almost 50% of people who are 65 years old, but dominating was a mild sight disorder, whereas blindness is a case in 2% of the surveyed. Along with the age, growing was also a frequent and a level of sight disorder. The percentage of people with medium sight disorders was founded in about 35.4% of people between 65 and 69 to 58.2% and severe sight disorder or was founded in between 0.3–6.7%. Mild sight disorder appeared in both sexes (47.1% women, 47.2% men), but the severe sight disorder and blindness are more frequent in women). Sight disorders were a case mostly among people living in the country“ (Klimek, Wizner, Skalska, Grodzicki, 2012, p. 98). However,

(...) hearing disorders, despite hearing aid, were observed in almost 30% of people at the age of 65 or more – for comparison – it is 4.2% at the age of 55–59. Frequency and level of hearing impairment increases along with age – the percentage of surveyed people, who could hear the speech on normal volume, equals to 89 people being 65–59 to 40.5, among people at 90 and more. Complete deafness was found more often among seniors (<1.0%). Hearing aid is in possession of 6.7% of people who are 65 and more) from 2.5% of people who are 65–69 years of age to 11% of people who are 85 and more). Men, in comparison with women, are more often suffered from hearing impairment (Klimek, Wizner, Skalska, Grodzicki, 2012, p. 98).

Seniors, more often than other age groups, suffer from diseases connected with a circulatory, skeletal, and a central nervous system.

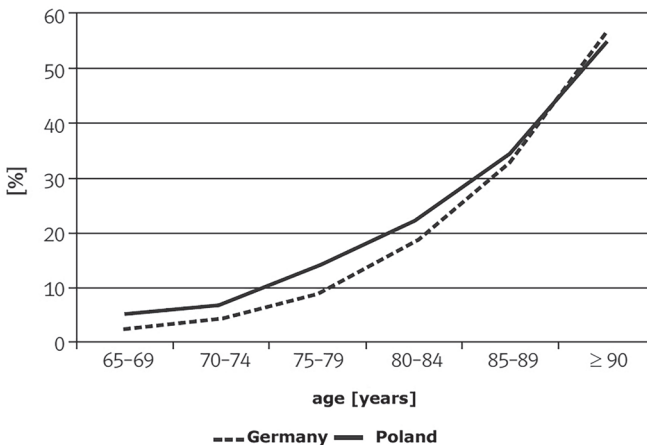
Meanwhile, in Poland there is a lack of specialists in the matter of geriatrics and average medical personnel supporting the care of seniors (Kijak, Szarota, 2013, p. 15). As T. Grodzki underlines,

Health and social system, operating without geriatrics, do not adjust to the needs of this population – offers disintegrated, disrupted and dispersed services. The system does not fulfill the standards of geriatric approach – common access, quality, accessibility and complexity of fulfillment of complex needs. The health care system does not adapt to the changing needs of an aging society, ignores widely accepted in the world standards of care of old people. Long-term care of the disabled and severely diseased old people in Poland is a weight on the family shoulders – which insufficiently supports medical and non-medical service of the social system. Institutional care branch (Social support facilities, fosters, hospices) currently is able to provide space for 1.2% of older people (60+) offering 78.455 places for 2,4 million of disabled seniors (Grodzki, 2007, p. 4).

In 2007 in Poland, there were only 120 geriatricians, their number in 2013 equaled 300, which means that, potentially, there is one doctor for about 22 thousand patients over 65 years of age (Kijak, Szarota, 2013, p. 15). Thus, Poland has one of the lowest rates of geriatricians per 10 thousand population in comparison to other countries of the European Union (Derejczyk, Bień, Kokoszka-Paszkot, Szczygieł, 2008).

Perception of seniors in society, so also their status quo depends, as it was mentioned, before, also on the health condition of this group and overload generated by the oldest part of society in the health care system. In recent years, observed could be the improvement of health conditions and the ability of seniors, which is connected with the general level of health awareness of society (Błądowski, 2012c, pp. 462–5). However, as the research shows, the percentage of dependent seniors rises along with age. As it is depicted in Figure 10, the need for health services increases, especially quickly over 80 years of age. Unfortunately, this branch is not sufficiently developed, both in institutional and family dimension (Błądowski, 2012c, pp. 462–5).

Figure 10 The need for support in Poland and structure of benefits receivers of nursery social insurance in Germany in accordance with age (data in %)



Source: (Błądowski, 2012c, p. 464).

The system of senior care is realized mainly by close family, whereas in the matter of institution due to senior houses and pensions for older adults. For instance, in the Czech Republic there is a special regulation determining the functioning of this type of institutions (Zákon o sociálních službách, č. 108/2006 Sb., §49) (Klima, 2009, p. 114). In Poland, there are many legal solutions within the frame of legislation and regulations; however, there are no comprehensive solutions considering demographic changes. It should also be remembered, that the issue of health service is not only a phenomenon, which should be treated in the category of fiscal overload and damage. Well-developed branch of health and around-medical service is also an important pillar of the *silver economy*.

The completely institutional area of support for seniors is included in the sub-discipline described by social work. This branch of the economy is best developed in countries and societies, which priority is the care of older adults. In the perspective of the following years, social institutions for seniors will most often appear in aging societies. The dimension of care and its quality is connected to wealth of governments and individual capital of seniors and family environment of the senior. It is also worth mentioning that the main goal of social work is to support, for example, medical or social service, directed at the person in need of help but also the proper security of family environment of the senior. All indicated actions should be carried with the maintenance of subjectivity and respect for the people in need (Mühlpachr, 2006, p. 7).

1.14 Improvement of the Senior Quality of Life

Anna Zawada, who analyzed the role of the local environment in compensating the needs of older adults, underlines its special meaning. Social space that is shaped by the interested and people responsible for the creation of environments favors functioning of all age groups. This, trivial at first glance, sentence gains a deeper meaning and when considered will be the fact that the specifics of the place conditions influence the sense of security. The author underlines that the place of an elderly person in social stratification depends widely on

three neuralgic spheres: health, independence and productivity. Thus, the aim of the local environment, represented by the authorities, is (Zawada, 2010, p. 26):

- Improvement of environment protection and the access to the nursery and medical service,
- Constructing the health care system that is stable and adequate,
- Development of quality of social and medical service targeting at seniors,
- Systematic education of medical staff in the matter of social gerontology,
- Reinforcement of supervision over functioning of health-social facilities for seniors,
- Realizing social support for the staff taking care of older adults,
- Dissemination of voluntary work among and for seniors,
- Development and introduction of programs aiming at prevention of marginalization of seniors,
- Allowing a seniors seniors self-fulfillment through easier access to different forms of curricular education, holidays, culture-education facilities in the frame of the thought that the active senior, as an independent and healthy unit decreases the social overload,
- Providing seniors with conditions for involved and efficient participation in the development of the local environment,
- Dissemination of the positive attitudes towards old age and seniors, promotion pro-senior actions in the media,
- Taking care of development and co-operation of organizations concerning problems directed at groups that demand a widely-understood support,
- Conducting monitoring of senior needs,
- Adjusting the social infrastructure to the needs of older adults,
- Involvement of seniors in the work in council authorities of different levels, and efficient participation for the sake of the local environment (Zawada, 2010, pp. 26–29),
- Development of information and advising system, through the creation of local information centers for seniors and their families,

- Involvement in helping seniors and social¹⁵ organization staff in the matter of social gerontology,
- The establishment of a lobby that would take care of senior interest,
- Adjustment of accommodation conditions of seniors to their physical conditions,
- Reinforcement of intergenerational integration,
- Carrying gerontology education among seniors, adults, and youth (Zawada, 2011, pp. 134–5).

The authors of the *Report on Intellectual Capital of Poland* suggest that for the improvement of senior welfare, it is necessary to integrate actions connected with government programs, the individual responsibility of citizens and process in institutions where seniors work (Boni, 2008, p. 137) depicted by:

- Making a radical change in politics of people over 50, encouragement and stimulation of professional, social, and educational activity, including the creation of offers for employers and people over 50 for a possibly long occupational activity,
- Creation of social alliance for activation of people over 50 and promotion of healthy aging, that should include government and its institutions, employers, labor associations, non-government organizations and scientific-educational environments,
- Undertaking actions are aiming at the change of attitude of society towards people over 50, on one hand, through national-wide information-education actions. On the other hand, support and popularization

¹⁵ The range of functioning of non-governmental organizations focused mainly on groups in threat of exclusion, or socially favored environments such as children from families that cannot up bring children properly, chronically unemployed, people suffering from violence, sick, and imprisoned people. The best example is XXI Finał Wielkiej Orkiestry Świątecznej Pomocy in 2013 (eng. Great Orchestra of Christmas Charity), in which, as organizer states “after 20 years of functioning in direct closeness of health care, we see how much help is needed by seniors. This event, significantly devoted to elderly people suffering from debilitating diseases, has to have a symbolical dimension. We are not, and we never will be able to solve an enormous number of problems, which are connected with this branch of medicine. However, we want to draw peoples’ attention to all issues connected with the quality of health care, and unfortunately a frequent phenomenon of exclusion that touches elderly people” (WOŚP, 2012).

of lower, local actions in this matter, especially those recreating and reinforcing intergenerational bonds,

- The reinforcement of the educational offer and adjusting it to the possibilities, needs and expectations of people over 50, developing programs of preparation for retirement within the system of formal education and trainings in companies,
- Dissemination of age management,
- Carrying reforms of the retirement system that through would encourage a possibly for longest professional activity.

The above-mentioned indications are the element of social politics connected with, among others, a social system favoring the security of senior human rights, with a consideration of subjectivity and dignity. The attitude towards seniors is, therefore, a measurement of humanistic relations within society. In summary, the social policy is an intentional system of actions aiming at wide compensation of the decreasing-with-age ability of independent fulfillment of needs and integration with the local community. Modern social policy directed at seniors is characterized by two approaches. One of them is allowed by the law, a right to self-independence and decision-making about one's own future by older adults. This situation stems not only from the parent act, which is the constitution, but is also a determinant of the humanization of society. This process is also related to increasing awareness of older people about their rights and with the factors associated with improved quality of care and the development of institutions that are supporting the daily functioning. While the second is connected with shaping the hierarchy of one's own needs and co-responsibility for their own faith. Formation of social politics for seniors is a process that demands consideration of not only objective of older adults' needs and their surroundings, but also of financial abilities of subjects responsible for their realization (Selerzyńska-Martela, 2007, p. 42).

When transferring the above-mentioned theories on the practical dimension, it may be observed that the interesting way to measure the individual and social functioning of seniors, are tools, which refer to the quality of life of older adults. This undefined term gains a new, more concrete dimension when considered are not only factors, which are presented in earlier chap-

**Figure 11 Improvements in welfare of Polish seniors
and integration of actions'**



Source: (Boni, 2008, p. 137; IBM, *The Lisbon Council for Economic Competitiveness and Social Renewal*, 2007, p. 7).

ters of the book, but also the following categories of profile of quality of life (Vađurová, Mühlpachr, 2005, p. 106):

- Existence:
 - A physical dimension (independence of existence in the matter of movement, taking care of preserving own independence),
 - A psychical dimension (psychological well-being, awareness, reflectivity over own needs and possibilities),
- Social reference:
 - A place among people (ability to receive help from family and other close people),
 - Place in society (health care, ability to do the elementary service such as shopping),

- Adaptation:
 - Everyday life (taking care of close people, performing elementary work in one's own surroundings),
 - Free time (having a hobby, participation in active organization of free time for self and close people),
 - Plans for the future (creation of positive changes of life, improvement of psychic functioning).

B. Balogova (2005, pp. 164–5) adds to the indicators of quality of life of seniors, a range of other factors such as energy, exhaustion, pain and discomfort, emotions, self-awareness, thinking, level of memory and attention, mobility, activeness, addiction to medications and health care, a personal relation capital, level of sexual life, sense of freedom, financial resources, household equipment, and spiritual development.

The above-mentioned typology does not entirely fulfill the definition of quality of life of seniors, but it indicates but there are many important individual factors, which are connected with the reception of seniors by other groups, so they are indirectly responsible for the position of this social group in society.

The aging process is, and always will be a share of all people; therefore, crucial is a constant search for the answer to the question – what to do in order to age successfully? This dilemma depends on the creative attitude of the individual to life and having a sense of self-esteem, which in turn is connected, and depends on the social environment in which seniors have to exist. Successful old age is connected with the preparation for it during earlier phases of life and is determined by circumstances created by local, council authorities and organizations of the third sector, along with a consideration of politics towards old age. Topic of big importance is also an attitude of the interested subject, since creative attitude towards life is correlated with undertaking any activities. Favorable environmental conditions connected with the will to be active, because of the fact those seniors can make an effort of constant development (Hrapkiewicz, 2005, p. 152).

It should also underline that modern senior is noticeably different, considering many psychophysical features, from seniors from a decade ago. He/

she is better for the educated, more active and independent, mobile, open to the world. It does not mean that currently, conditions of senior life are better than two decades ago. Difficulties that seniors have to face nowadays are connected with a specific challenge, which appears as a result of very intensive civilization changes, which take place in almost all areas of social, economic, cultural, scientific, mental or family life. New times bring a new challenge (Straś-Romanowska, 2012, p. 56). Moreover, it is worth remembering that functioning in old age is not determined only by individual features of particular seniors (factors responsible for quality of life), social politics of the country, but also by conditions of regional, national or continental culture in the context of relation between society and other social groups (see Fung, 2012, p. 369–375).

As A.M. de Tchorzewski underlines, old age is, has been and will be an object of interest of all following generations of humankind. This topic is touched upon by philosophers and scientists as well as poets, artists, priests, and religious leaders of different communities, cultures, religions. For some generations, old age is a blessing, exemplified by the sentence “may you live up to the fourth and next generations,” for another it is also a blasphemy or at least a curse described by the saying “God succeeded in everything but old age” (de Tchorzewski, 2004, p. 97).

Senior status quo in society, presented in this part of the book, depends on many profoundly characterized factors. However, treatment of seniors is a measure of social culture. In co-existence with seniors, we learn about old age that most of us will experience, we gain new values, enrich the culture (Wawrzyniak, 2007, p. 190), and improve the level of humanization of society.

2. The Local Aging Policy in Selected Large Cities of Poland

2.1 Introduction

Social services for older people such as care, employment support, and transportation usually deliver on the local level. However, the population aging and social policy related to this process is mainly analyzed in relation to the topics on macro-level. Therefore, there are many studies focused primarily on aging of whole societies, individual countries, regions or on international policy on aging and older persons. Thus, design and implement policies for solving aging society's problems need more focus on the local level dimensions, which are also called as the meso-level (communities, cities, municipalities) and the micro-level (citizens, households, neighborhoods). The primary goal of this part of the book is to describe fundamental concepts of social policy on old age and older people (together described as the aging policy) with respect to the local level. This part of the book is based on discussion of the basic theoretical terms used and developed by Polish scholars as well as on the analysis of the aims and rules of emerging aging policy in Poland. This analysis is followed by the literature review and case studies of selected four large cities of Poland: Kraków, Gdańsk, Wrocław, and Poznań. The summary contains crucial observations and implications for theory, policy, and practice.

2.2 The Concept of Social Policy on Old Age and Older People (The Aging Policy)

In this part of the book, older people are also described as “elderly,” “old people,” and “seniors.” Aging is understood here as the dynamics of phenomena and processes associated with the social category of older people. Old age is described here as the last stage of life in accordance with the criterion proposed by the experts of the World Health Organization (UNDP, 1999, p. 7; Andrews, Faulkner, Andrews, 2004, p. 42), which is the exceeding 60 years of chronological age. By many sources cited in this part of the book, older people are also described as 45+/50+ that more or less directly refers to the preparation for age-related changes in middle age to remain a high level of activity and health.

Demographic change in Poland was related to political, social and economic transformation of the country in 1989 from the communist to a democratic regime and from planned economy towards a more market-oriented economy. During this period, an increase in the number of older people was noted in Poland. In the years 1988–2011 the number of people over age 65 increased from 3.7 million (9.8% of the total population) to 5.3 million (13.8%) (Sobczak, 2012, p. 41). In particular, population of older people in cities, increased from 1.9 million (8.6% of urban population) to 3.3 million (14.4%). The total number of people in a retirement age (in Poland: 60 years for woman and 65 for a man) has increased over the same period from 4.7 million (12.4% of the total population) to 6.6 million (17.3%) (ibid, p. 46–47). At the same time, the burden of the population in the working age by people in post-production age (60+ woman/65+ men) increased. For every 100 people in working age, there were 21.6 people of retirement age in 1988 and 26.9 people in 2011 (ibid, p. 49).

According to the demographic forecast of the Central Statistical Office of Poland the number of persons aged 65+ may rise to 8.3 million in 2035 (23.2% of the total population) (GUS, 2009, p. 311). For every 100 people of working age, there will be 46 persons of retirement age. Aging population will intensively proceed in cities, where will lead to the 24.3% population over age 65 compared to 21.7% in rural areas. The largest increase of old age population will be in cities of regions (voivodships; pol. województwa): świętokrzyskie (by 15.6 pp. of urban popula-

tion), lubelskie (13.9 pp.), podkarpackie (13.1 pp.), podlaskie (12.8 pp.), opolskie (12.6 pp.), warmińsko-mazurskie (12.3 pp.), and lubuskie (12.2 pp.). Aging of the population will be accompanied by its decreasing (*depopulation*), which at 90% will occur in the cities. The urban population will fall from 23.3 million to 21.2 million people. Analysis of the regional division of this process shows that the greatest loss of population will occur in following voivodships: świętokrzyskie, łódzkie, lubelskie, opolskie, and śląskie. The depopulation will be associated with processes of the *deurbanization* mainly in the regions of świętokrzyskie, wielkopolskie, kujawsko-pomorskie, and pomorskie.

Thus, Poland needs not only national policy on aging but also local policies adapted to the needs and possibilities of local municipalities (small villages and cities, called in pol. gmina) and larger city counties (which are the second-level units of local government in Poland, called in pol. powiaty grodzkie or miasta na prawach powiatu). The guidelines of the national and local social policy should be included in the design of support and social services for the elderly. Analysis of these guidelines requires the adoption of a social policy definition. In the Polish scientific literature, it is assumed that there are at least two fundamental concepts of social policy related to an aging population: *the policy on old age* (focus on the stage of life) and *the policy on older people* (focus on policy actors) (cf. Szatur-Jaworska, 2006a, p. 291). These concepts may be together described as *the aging policy*. Moreover, those two concepts refer to the subjective and objective, scope of solving social problems concerned with the demographic process. The policy towards old people includes consideration of the specific needs of the elderly population, while the policy towards old age refers to features associated with the fact that aging is one of the phases of the life cycle of the unit, which is closely related to the earlier phases (childhood and adulthood). With these two aspects of social policy, different objectives and instruments of interventions are combined, which may be undertaken by public entities, non-governmental entities, and commercial entities. More precisely, the social policy towards old people refers to

(...) the activities of various actors with the aim of meeting the needs of this population and the development of appropriate relationships between older generations and younger generations by reducing dependence of older from younger ones, by remov-

ing the various forms of social exclusion of older people, by encouraging their broad social participation, and by shaping of intergenerational solidarity (ibid, pp. 291–2).

The primary objectives of this policy are the response to the needs of a particular population of older people, living “here and now” which is based on the current diagnosis of these needs; the promotion of independent living; ensuring that older people have an important and stable position in the structure of the communities in which they live; and taking into account the diversity of situations and needs of the older generation.

In contrast, the policy towards old age is defined as the “establishing of certain general characteristics of this phase of life, with the related critical events and life tasks” (ibid, p. 292). It is a social policy that

(...) with knowledge of the typical needs of the various phases of human life and the specific needs of various generations (while each a bit different is going through different phases) – creates for members of society the conditions for full, optimal survival of various phases of life and provides assistance in the event of the collapse of this cycle (ibid, p. 292).

The objectives of the policy towards old age are assisting individuals in coping with situational and developmental crises that – under certain historical conditions – are typical of old age; creation of a positive social image of old age, ensuring its equal position with the other phases of life; and preparing young people for their old age.

The policy towards old age achieves its objective long-term actions, while the policy for older people focuses on short-term actions. The target groups of social policy on old age are not only old people but also the younger generations that prepare for old age, to live in a society for all ages, with respect to the specificity of all phases of life. In addition, this policy helps to promote understanding of the specific nature of old age and the rejection of negative stereotypes about other age groups. In practices, the policy for older people and towards old age should be carried out jointly as the aging policy.

In addition, the policies towards old age and towards older people are associated with areas of social policy such as politics of social security (pensions and other benefits, social assistance); health policy (organization of health care, promotion of healthy lifestyles); labour market policies (action for delaying the de-

activation of older people from employment, supporting getting back to work); housing policy (adapted housing for older people, programs on construction and conversion of homes to older people); educational policy (lifelong learning, support for Universities of the Third Age, education of gerontologists); and cultural policy (cultural activities adapted for the elderly, the development of leisure time activity as part of preparation for old age) (ibid, pp. 293–4).

It should be noted that most of the tasks related to the implementation of these areas are designed and implemented at the local level, in the individual cities. When it comes to the actors/entities, which implement these activities they may be divided into the formal actors (non-governmental organizations, hospitals, associations) and informal actors (families, self-help groups, neighborhoods). These actors and entities may be divided also by the funding source and criterion of access to benefits and services into: the public sector actors (state, government, local government), private actors (private and commercial companies, households), and non-government actors (associations, foundations) (Szatur-Jaworska, 2006b, p. 295). In Poland, a key role in meeting the basic needs of older people plays the families and public entities (ibid, p. 297). The public sector providers, in fact, create the basis for material security (pol. Zakład Ubezpieczeń Społecznych – Social Insurance Institution; pol. Kasa Rolniczego Ubezpieczenia Społecznego – Agricultural Social Insurance Fund, the pension offices for uniformed services), to meet the health needs (clinics, hospitals, sanatoriums, which are mostly owned by local authorities and financed by the health insurance), and to satisfy the care needs (social welfare center, nursing homes, medical care, clinics). In these three areas, there are also active commercial entities and non-governmental organizations, but public entities play a significant role. Each of the three sectors has a slightly different role in meeting the higher level needs. In the area of education, the organization of leisure, and the cultural participation of the older person's main role, is played by non-governmental organizations.

In the social policy on old age and on older people, very important role is played by the local actors (Szatur-Jaworska, 2006c, pp. 300–1). Among them, the crucial place is occupied by local government bodies. Due to the economic, organizational, and logistical factors, most services addressed to the

old people are provided by counties and large cities. However, in terms of local scale, the most relevant actors are always placed in communities. The local government can create the conditions for meeting the needs, organize the market for social services, and together with state entities – regulate this market by specifying the requirements that should be met by commercial and non-governmental entities acting on it.

In addition, at least three principles for actions in the social policy on aging may be distinguished that are relevant to its effectiveness (Błędowski, 2006b, pp. 304–5). The first is the principle of subsidiarity, according to which, the realization of policy objectives requires the creation of conditions for the use of the potential of the family and informal circles to support older people. If this potential is impossible to use then this support should come from other institutions. The second principle concerns the complexity of needs' assessment – it underlines the need for a comprehensive analysis of the situation of older people and examining it under the terms of interrelated elements, such as health, housing, income level, and family situation. The diagnosis of the needs should be holistic, taking into account not only the structure and size of the needs, but also assessing the feasibility of meeting them by using existing infrastructure and participation in the immediate surroundings of old people in the process of meeting needs. The third principle is the locality, which refers to the assumption that at the local level, there are the best conditions for the integration and participation of older people. Effective inclusion of older people in the implementation of the social policy objectives requires prior identification of the areas that foster the activities that internally integrate the community of old people and that community with other groups of residents. Locality as a condition of participation of older people in society stems from the possibility of "translation" of the general objectives of the policy on old people for specific purposes that are corresponding to local needs and opportunities.

Moreover, with regard to local policies on aging, there is a continuum of two extreme types (Błędowski, 2006a, pp. 310–1). These are (1) the policy focused on intervention in relation to the elderly that are weakest economically and in the most difficult circumstances; and (2) the policy with the goal of acquiring the optimum satisfaction of the needs of different groups included

in the older people population. The first model assumes that the objective of the policy is to satisfy the basic needs. The second, also aims to include and meet the need of a sense of belonging, acceptance, and integration of older people in the local community. Model of policy for older people selected from the current community is dependent on the social position occupied by these people in their environment and social expectations, from both the population of older persons and the public. It is also important, the extent to which younger generations are focused on solving their own problems, including the degree of advancement of the demographic aging of the population in the community and the level of the living conditions of the community – the higher, the greater may be the acceptance of age-related needs.

Nowadays, at least three concepts of the aging policy may be distinguished – the sets of rules regarding the management of public interest in the preparation of individuals and communities to life in old age. These paradigms are a productive aging, active aging, and creative aging (Klimczuk, 2013a). The first concept proposes extending the years of employment, reducing welfare benefits, and increasing individual contributions to the potential benefits and care services. The idea of active aging draws attention to the need to reduce age discrimination, multidimensional education, and citizen participation in the protection of economic, social, and political rights of elderly, which should improve the health and solving family and local problems. The paradigm of creative aging concerns of senior engagement in the creative activity and aims to depart from highlighting their problems to indicate their potentials. It includes programs that connect art with lifelong learning, community integration, rehabilitation, and therapeutic activities improve physical and psychosocial condition of older people, build relationships as well as to promote the experience and transfer of heritage to future generations.

The paradigm of active aging, which is commonly adopted, is recognized in the guidelines of the *Madrid International Plan of Action on Ageing* coordinated since 2002 by the United Nations (UN, 2002). This document is addressed to national governments and contains a number of detailed recommendations for solving 18 social issues, assigned to the three priority actions: “older persons and development,” “advancing health and well-being into old age,” and

“ensuring enabling and supportive environments.” This plan is linked to the concept of *building a society for all ages* developed by the UN since the 90s of the 20th century. It should be noted that in the local social policy for older people and old age, there is growing importance of the *Global Network of Age-friendly Cities and Communities* founded in 2010 on the initiative of the World Health Organization followed by the program of standard setting to adapt cities to the needs of the elderly conducted since 2005. Cities that are candidates for membership in the network are committed to the development and implementation of reform programs in the eight dimensions: (1) outdoor spaces and buildings; (2) transportation; (3) housing; (4) social participation; (5) respect and social inclusion; (6) civic participation and employment; (7) communication and information; and (8) community support and health services (WHO, 2007). Programs are evaluated and supported by the World Health Organisation. The primary criterion is the involvement of seniors in all phases of operations – for example, not only as members of advisory councils, but also in animation of projects and monitoring of their progress, participation in the evaluation, and in improvement of future actions.

2.3 Basic Assumptions of the Senior Policy in Poland

In this part of the book, the main stages of development of the aging policy in Poland will be discussed. Key assumptions, principles, objectives, and directions of intervention will be identified based on national strategic documents. Aging of the population was slowly highlighted in Poland by projects supported by the European Social Fund during: the EQUAL Community Initiative Programme 2000–2006, the Human Capital Programme 2007–2013, and will be continued in upcoming the Knowledge – Education – Development Operational Programme 2014–2020. Projects included in those programs are implemented by different entities on national, regional and local levels. They are mostly aimed at increasing older workers (50+) employability, intermentoring (mentoring of older workers for young employees), and promoting age management in organizations.

Raising awareness was fostered by government actions on population aging planned and described first in the *Solidarity Across Generations: Measures*

Aiming at Increasing the Economic Activity of People over 50 Programme (pol. *Program Solidarność pokoleń. Działania dla zwiększenia aktywności zawodowej osób w wieku 50+*), which was adopted by the Council of Ministers in 2008 (MPIPS, 2008, 2013b). Its aim is to increase by 2020 the employment rate of the population between 55 and 64 years to the level of 50% set by the *Lisbon Strategy*. The achievement of this goal is intended to mean a reduction in transfers targeted to the elderly, who will allow for greater support for children and young people who are most at risk of poverty. It was also assumed that it is important to implement – by involving companies and individual responsibility of citizens – active aging policies. For example, through the promotion of the health and safety of workers of all ages; prevention of age-related issues; reducing incentives to early retirement; raising the retirement age and gradually his alignment for men and women. Thus, the programme includes an intergenerational approach to design measures related to the promotion of access to employment during the whole period of working life. One of the programme aims focus on the start of retirement age reform by gradually raising it to 67 years as well as it equalizes for men and women. Reform began after enormous public debate in 2013. Furthermore, in 2013, the prepared update of the programme was taking into account the diagnosis prepared in the framework of the Programme Council 50+ as well as the results of research and analysis of the project *Equal Opportunities in the Labour Market for People 50+* conducted by the University of Lodz.

Objectives, priorities, and directions of actions in the *Programme Solidarity Across Generations* are as follows: Objective 1. "Adjustment of competence and updating the skills of people aged 45+ from the perspective of the needs of the labour market (Priority 1.1. "Development and improvement of the quality of learning opportunities for people 45+ and adapting it to the needs of the labour market and the needs and capabilities of its audience;" 1.2. "Lifelong learning as a factor supporting economic activity;" 1.3. "Implement of incentives for employers (especially small and medium enterprises) to develop the competencies of employees 45+;" 1.4. "Taking into account the development of the national qualifications system to support the educational activity of 45+"). Objective 2. "Development of more friendly to workers aged 50+ organizational culture and work environment" (Priority 2.1. "Development of

career planning, acquiring competence, and age management systems in enterprises in order to exploit the potential of workers 50+;" 2.2. "Improving working conditions and increase motivation and job satisfaction of employees 50+;" 2.3. "The implementation of system solutions to encourage employers to hire and maintain employment for people aged 50+;" 2.4. "Improving the image and breaking down stereotypes about workers 50+, as well as combating age discrimination in companies and institutions"). Objective 3. "Increase the efficiency and effectiveness of activities to promote employment and economic activity" (Priority 3.1. "Mainstreaming in the labour market institutions of professional activation instruments aimed at people aged 50+ and improvement of their effectiveness;" 3.2. "The development of entrepreneurship with the involvement of people aged 50+, including social entrepreneurship;" 3.3. "The implementation of system solutions to encourage people aged 50+ to remain in employment and work"). Objective 4. "The promotion of active and healthy aging" (Priority 4.1. "Promoting the idea of active and healthy aging;" 4.2. "Dissemination of preventive health care and opportunities to improve the physical and mental condition of people aged 50+;" 4.3. "Promoting systemic change solutions for active and healthy aging through cooperation in this field"). Objective 5. "Development of cooperation for employment of people 50+" (5.1. "The creation and development of permanent forms of cooperation and coordination of activities of the government, regional governments, employers' organizations, trade unions, NGOs representation, representative of social economy entities, academia and the media in the area of activation and employment of people aged 50+;" 5.2. "Development of cooperation in aim to increase the employment of people aged 50+, including local governments, employers, trade unions, NGOs, social economy entities, academia, and the media at the regional and local levels"). Objective 6. "Social transfers in support of activity of persons in pre-retirement age" (Priority 6.1. "Extending the effective retirement age;" 6.2. "The gradual reduction of alternative routes of professional deactivation by using the system of social security"). Stated objectives of the programme are clearly primarily associated with the improvement of conditions of employment for older workers, their position in the labour market, healthy aging, and on increasing the coopera-

tion between different entities. However, this does not mean that programme focus on coordination of activities and interventions.

Another significant document was a government the *Report on Intellectual Capital of Poland* (2008; pol. *Raport o kapitale intelektualnym Polski*). It presented an index of intellectual capital (the elements of this approach are the social capital, human capital, structural capital, and relational capital), compared to 16 European countries. The report takes into account the division into four generations of Poles: children and youth; students; adults; and seniors, which relate to the opportunities in sequence: family policy, improving the quality of education, targeting education to labour market needs, and mobilizing seniors. The intellectual capital of Polish seniors was positioned here at the last place in comparison to other countries, mainly due to their low social participation, high sense of alienation and low levels of access to medical services.

This report was a basis of another report called as the *Poland 2030: Development Challenges* (pol. *Raport Polska 2030. Wyzwania rozwojowe*) which continue with the development of the concept of “solidarity across generations.” This approach aims to allow for a departure from the “government of cases” involving the time horizon of the electoral calendar. Instead, the report had set the rules for the transition to “strategic leadership” to avoid the development drift of the country and the implementation of the project that will extend development beyond the system transformation, which is implemented since the beginning of the 1990s. (Boni, 2009). Moreover, solidarity between generations has become a part of the construction of the welfare society, which will be complementary to the creation of the workfare state.

This report was a basis to build the *Long-term National Development Strategy 2030* (pol. *Długookresowa Strategia Rozwoju Kraju*) which was adopted by the Council of Ministers in 2013 (ZDSPRM, 2013). The generational solidarity remains there as one of three primary rules of strategy along with solidarity between regions and solidarity between the principles of equal opportunities and competitiveness. Reference is made by this strategy to create conditions for cooperation and avoid conflict between the representatives of the first generations of baby boomers (*the analog generation*), who will reduce their commitment to public and professional activity, and second generation

of post-war baby boomers of the late 20th century (*the digital generation*), that are nowadays entering employment and public activity. The result will be a building of the “silver economy” and “multigenerational network society” adapted to the needs of an aging population. Aging of the country’s population is also mentioned in a number of selected strategic objectives. In Objective 1. “Supporting pro-development resource allocation in the economy, to create the conditions for the growth of savings and labour supply and innovation” direction of intervention: increasing the share of development expenditures, reducing spending on a strictly transfer through equating gradual retirement age for men and women to 67 years; a progressive increase in public expenditure on health so that it will be possible to meet the growing demand for health services for the aging population with improving the standard of medical services; changes in the tax structure aimed at strengthening economic incentives conducive to saving (including old age).

In Objective 2. “Reducing public debt and deficit control over the economic cycle” underlines the direction of intervention called “sustained reduction in the government deficit” through the successive reforms of all segments of the pension system, rationalization of special schemes, and building the relation between the amounts of contributions paid to pension achieved by farmers with their income. In Objective 3. “Improving the availability and quality of education at all levels to increase the competitiveness of science” emphasizes the direction of intervention “dissemination of adult learning, especially in the non-formal and in the workplace to provide an efficient mechanism for linking the funding of this form of learning from the private and public” including “support and promote of an attractive educational offer addressed to seniors and innovative solutions to motivate seniors to learn for keeping the activity.” In Objective 5. “Creating of Digital Poland” is proposed to include interventions for the “implementation of universal education [also to seniors] and the creation of a modern digital network infrastructure and educational resources.”

In Objective 6. “Development of human capital by increasing employment and creating a ‘workfare state’” assumes interventions in favor of “the introduction of new solutions to ensure the universality of care of dependent persons and expand their range of institutional care, in order to meet the challenges of

an aging population, and to provide support for families where are dependents;" "adjustment of the health system to the projected 2030 demographic changes, in particular to the strengthening of measures for the development of infrastructure and human resources in the areas of health of mothers, child, and elderly care;" "start of actions to implement holistic standards of geriatric care, inter alia, by the development of modern geriatric infrastructure, adjusting the training of medical personnel to the identified needs, and the modern organization of geriatric services;" "creation of an intellectual activity model and social participation of the elderly based on the use of their potentials and prevention of social exclusion;" "creation of a mix of income-based pension benefits and wages from work in order to prevent social exclusion of older people (access to health care and long-term at the appropriate level) and to rapid exit from labour market by an increase in its profitability;" "creation of a new model of flexible employment for older people;" "promote of improved access to education and cultural resources at every stage of life;" "support of lifelong learning, including the creation of Universities of the Third Age;" "support of the silver economy development."

In Objective 8. "Strengthening mechanisms for territorial sustainable development and fully exploited for the regional potential" including "the revitalization of the problem areas in the cities" including "the development of programs to combat a social exclusion in problem areas of cities." In Objective 11. "Growth of social capital development" was included the direction of the intervention "the preparation and implementation of the program of civic education at all levels of education in the perspective of lifelong learning."

Another document is *The National Development Strategy 2020* (2012; pol. *Strategia Rozwoju Kraju 2020*) (MRR, 2012) in which the topic of population aging is addressed in Objective I.2. "Providing funds for development activities" and direction of intervention I.2.3. "Increasing the use of extra-budgetary funds" where is assumed to create conditions conducive to the economic and institutional saving for old age. In intervention direction I.3.2. "The development of social capital" it was assumed that it will be significant to create appropriate regulations for the development of informal civic education and extending it to people who have already completed formal education, includ-

ing persons aged 50+, the promotion of lifelong learning, and volunteering particularly among people aged 50+. In intervention direction I.3.3. "Increasing the security of the citizen" it was underlined the improvement towards the epidemiological challenges of an aging population (better access and improve the quality of geriatric services, oncology, cardiology, neurology, orthopaedic, rheumatology, endocrine, and long-term care.

In Objective II.4. "Development of human capital," it is assumed "the progress of aging of the population creates the need for extended working life. Systemic reforms will be carried out in terms of the social security benefits, resulting in a prolongation of the retirement age (including limiting the powers of particular subsystems of a pension system), and the equalization of the retirement age for men and women. These actions will be accompanied by the promotion of older workers among employers (including the senior employee strengths and breaking stereotypes about them) and system solutions to promote employment of older people. Actions will also support measures to enable persons aged 50+ in acquiring new and supplement existing knowledge by educational institutions, including institutions of higher education, allowing the retention of older people in the labour market. Such activities will contribute to the activation of this group of persons in the labour market and public debate." Relevant directions of actions include II.4.2. "Improving the quality of human capital" where it is assumed "citizens should have universal access to quality education throughout life – from various forms of early childhood to old age (for example, Universities of the Third Age)." Intervention direction II.5.2. "Promoting the use of digital technologies" where it is assumed "differences in skills to use new technologies can lead to the digital divide. In Poland, the axes of the division between those who are experts in digital technologies and those who not have these skills are age, place of residence, and education. Use of the Internet is quite common among young people while the digital exclusion of the elderly is becoming a problem."

In addition, Objective III.1.2. "Reducing poverty among groups most at risk" it is assumed that "efforts to improve social cohesion in the next 10 years, especially after 2020, must take into account demographic changes associated with the aging population. The crucial element is to ensure the elderly access

to health services and long-term care services. It is also important to activate members of this social group so that it will be possible to retain them on the labour market and increase their participation in social life. Because of the increase in the risk of poverty among the elderly, it will be necessary to develop a new model of assistance to this group of customers to create conditions for the development and promotion of professional and social activity of seniors – the implementation of the ‘silver economy’ model.”

Next document, which is a part of a project Poland 2030, is the *National Strategy of Regional Development 2010–2020* (pol. *Krajowa Strategia Rozwoju Regionalnego 2010–2020*) (MRR, 2010). The aging of the population is included in this document at several challenges of regional policy, which were considered in two dimensions: spatial-territorial and thematic-sectoral. In the first dimension, there are indications for the need “to ensure the internal cohesion of the country and to prevent excessive spatial differences” – which refers mainly to enable aging and least-developed regions of Eastern Poland to enhance the capacity building of their participation in the creation of growth and jobs. While in the thematic-sectoral dimensions are considered as necessary: (1) “to counteract negative demographic trends and fuller utilization of labour resources,” including vocational activation of seniors and longer working lives, promoting lifelong learning, and the maintenance of life in the regions’ sustainable demographic structure; (2) “response to climate change and ensure energy security” – it is assumed that the adverse effects of climate change will be particularly felt by the elderly, which requires appropriate adjustments in regional infrastructure; (3) “to provide transport and [Information and Communications Technology] ICT infrastructure to promote competitiveness and ensuring territorial cohesion of the country” – recognizes the need to break the barriers in the use of digital technologies by older people and prevent generational divisions in this dimension. In addition, Objective 2, “Building territorial cohesion and preventing the marginalization of problem areas” assumes the need to plan processes in infrastructure investments and public services in urbanization and actions relating to human capital. Specific goal 2.1. “Enhancing coherence on a national level” implies, inter alia, the application of active employment policies, combating of exclusion of older people through the devel-

opment of integration programs, economics and a social entrepreneurship as well as the development of adults' lifelong learning. Moreover, in the particular goal 2.3. "Restructuring and revitalization of cities and other areas losing their current socio-economic functions" it was introduced the need for individual support of cities with an aging and a shrinking population, and it is assumed that the precise areas will be identified in further discussions while related interventions and the instruments will be determined by the local authorities.

Another important document is the *Strategy for the Development of Human Capital 2020* (pol. *Strategia Rozwoju Kapitału Ludzkiego 2020*) (MPIPS, 2013d). Among the objectives and directions of the intervention, strategy is Objective 2. "Extension of professional activity and providing a better quality of aging." This goal will be achieved, inter alia, by following directions of intervention: harmonization of special pension schemes with the general scheme; creating conditions for the development of the silver economy; promotion of the older people education, both in the formal and non-formal education, in particular with regard to the development of digital literacy; extension of the educational offer addressed to seniors and better tailored to the needs of this age group; continuing education and training support for people aged 50+; supporting the social activity of older persons, including the development of volunteering; creating conditions for the development of social participation of older people, including the commitment to local communities; increase the availability and quality of social services targeted to older persons by supporting self-help activities and networking of trained volunteers; improve access to outpatient and inpatient health services in the field of geriatrics; development of the services targeted to dependent people and their families, including the long-term care; the development and dissemination of knowledge and solutions that help to create a healthy and safe working conditions for older people.

Human capital strategy also includes a categorization of the *life cycle – career stages* in which assumptions of the old age were described. It is assumed that the main challenges and vision of this period are related to use of the older people potential in the area of professional and social activity; restructuring of the economy towards the development of the *white economy* (medicine) and the *silver economy*; improving accessibility to health services, particularly

in the area of geriatrics through the implementation of a coherent approach to the geriatric care; and adapting the education system to the needs of the medical health care system. Attention was also paid to the need to: create a “new model of care for dependents, which will support the dependents by promoting family caregivers and ensuring an adequate supply and quality of nursing care; moving the effective age of withdrawal from the labour, through the use of a set of measures, which will consist of gradually raising the statutory retirement age, decreasing the possibility of early withdrawal from the labour market, and increase participation and employment rates among people of preretirement age;” promotion of “social and employment activity of seniors by the *silver economy*, which will contribute to increased social activity of the elderly, and will create a new, but familiar in other countries the services sector. Very important activities will be to popularize the idea of volunteering among older people and promoting of para-professional activity (such as a fulfillment of advisory functions in companies where the person was previously employed, performing necessary education functions) at the time of retirement – this type of instruments will not only contribute to maintain a high professional or social activity, but also significantly improve the awareness of the role and potential of the *silver economy*;” promotion of the seniors learning, including innovative forms of education of the elderly based on the use of their experience in mutual learning, in the forms of environmental education, and training persistent involvement of the elderly in order to solve social problems and education of the younger generations.”

In response to the phenomenon of multi-morbidity and functional dependence of the older people strategy includes planned interventions related to increasing “the availability and quality of care for the elderly, including improving the availability and quality of geriatric services, the development of ambulatory and stationary geriatric centers, the implementation of a comprehensive geriatric assessment in hospital and ambulatory care, the development of long-term care.”

The next document is the *Development Strategy of Social Capital* (pol. *Strategia Rozwoju Kapitału Społecznego*) (MKiDN, 2013). Activation of the elderly is planned in four actions of the strategy. The first is 1.2.2. “The development of

media competence in learning other than formal, especially among people aged 50+ and in rural areas." Its implementation is intended, *inter alia*, to create legal and organizational solutions for the development of media competence; increase access to new technologies; support for intergenerational media education, addressed to the people digitally excluded; change the function of libraries, cultural centers and archives; support for media education projects organized by the public media and competence of personnel in the field of media education. The digital inclusion of seniors may be the effect of encouraging them to higher education, to renew skills and knowledge within institutions such as the Open Universities, e-learning, Universities of Second Age (for 45/50+, before retirement), and Universities of the Third Age.

Next action related to older people in social capital strategy is 2.2.1. "Facilitating the activities of civic organizations." Described here activities include: redevelopment of existing regulations on associations and foundations and the new – including other forms and tools of civic activity; promoting and supporting volunteering with particular emphasize 50+ people; informal support groups, social movements, social initiatives, and projects to strength a capacity of representatives of civil society organizations. In relation to volunteering, also was highlighted the need to promote its modern forms such as corporate volunteering and e-volunteering. In action 4.1.1. "Creating the conditions for strengthening the identity and dissemination of cultural heritage at the local, regional, and national level" participation of the elderly is indicated indirectly by propositions to support efforts to "cultivate the traditions and pass them on to future generations" and these refer to intergenerational relations at a local level. Recent activity relating to seniors is 4.2.4. "The development of art education and support system for talents." Here has highlighted the need to support the development of creative individuals at different stages of life, including preventing their marginalization, for example, due to place of residence and age. Attention was also paid a need to create scholarship programs for artists aged 50+, to enable them to retrain or supplement qualifications.

Moreover, in 2011–2012 national senior policy centers were emerging. In 2011, the Ombudsman called the Commission of Experts on Aging, and the Parliamentary Group on the University of the Third Age were established; as

well as the separate Parliamentary Group on Aging. In 2012, the Prime Minister created the Senior Policy Department in the Polish Ministry of Labour and Social Policy. In 2013, the Senior Policy Council for this department was inaugurated. In August 2012, the Polish Ministry of Labour and Social Policy published the *Government Programme for Senior Citizens Social Activity* (pol. *Rządowy Program na rzecz Aktywności Społecznej Osób Starszych*) for the years 2012–2013 and in December 2013 its version for years 2014–2020 (MPIPS, 2013c). The aim of the program is to “improve the quality and standard of living for the elderly in a dignified aging through social activity. The program has to contribute to a fuller use of the socio-professional potential of older people so that they can perform different social roles in public life. It is also important to take into account the activities of the limitations of functional barriers, which may influence for vulnerable older people.” The primary objective of the program is “Improving the quality and standard of living for the elderly in a dignified aging through social activity.” It includes four specific objectives.

The first priority objective of the *Government Programme for Senior Citizens Social Activity* is: “To increase diversity and improve the quality of learning opportunities for older people to create offers correspond to the problems of older people in a difficult situation, in particular, in the process of social exclusion, promoting new solutions to motivate older people to learn how to maintain activity, particularly of disadvantaged older people, creating a unique offer in new forms of teaching and educational initiatives, responding to the needs of older persons, in particular, related to the social exclusion and development of the educational and cultural offer.” Specific objective 2 is “Creating the conditions for the intra- and intergenerational integration of older people by using the existing social infrastructure, including advancing our knowledge on the biological, health, social changes occurring with age in the preparation of society to the old age.” Specific objective 3 “Development of diverse forms of social activity, including the promotion of volunteerism, participation in decision-making processes in society and participation of older people in shaping public policy.” Specific objective 4 “To increase availability, improve the quality of social services, and to promote self-help and self-organization: the development of support systems designed to meet specific needs of the

elderly, especially older people with limited independence, the development of social services in the fields of sport, tourism, recreation, and culture."

Among the main objectives of the program is to support "organizations and institutions offers for the elderly, including those with disabilities or reduced mobility, using the existing social infrastructure and close cooperation with the local government units (educational and cultural)." It was also assumed that the "cross-sectoral cooperation at the local level can significantly increase the effectiveness of actions taken towards the social activity of older people." The program includes a systematic component, which relies on the development of long-term objectives and policy, as well as a competition component for non-governmental organizations, church organizational units, social cooperatives, and the associations of local governments. These actions are divided into four priority areas.

Priority I. "Education of the elderly" includes directions of activities: 1. "Educational activities in various fields (such as law, economics, health, preventive care, sports, tourism, education, study visits, foreign languages, interpersonal skills, and new technologies), educational programs and workshops on aging, older people, and active aging;" 2. "Classes preparing to voluntary services;" 3. "Education carers;" 4. "Promoting volunteering competence;" 5 "Promotion of learning among older people."

Priority II. "Social activity promoting the intra- and intergenerational integration" includes action directions: 1. "Social activity, including senior volunteering;" 2. "Physical activity of older people, tourist, and recreational activity of older people;" 3. "Classes in the field of culture and art, including involving different generations;" 4. "Building social networks, including volunteering within and between generations;" 5. "Preventing e-exclusion."

Priority III. "Social participation of older people" contains action directions: 1. "Forms of active aging to local communities (the development of civil society);" 2. "Activity supporting participation and integration in social/public life;" 3. "Network of care and information (building a positive image of old age, citizen help);" 4. "An active presence in the creation and functioning of civic groups and charitable organizations."

Priority IV. "Social services for the elderly (external services)" includes action directions: 1. "Training for volunteers and carers (between the elderly);" 2. "Sup-

porting various forms of self-help;" 3. "Supporting families in the care of older people through the development of services based on volunteer activities;" 4. "Expanding the availability of social services, among others, care, cultural, educational, counseling, advice, sports, and tourism."

The Senior Policy Department also coordinates the work on the *Long-term Conceptual Assumptions of the Senior Policy for 2014–2020* (pol. *Założenia Długofalowej Polityki Senioralnej w Polsce na lata 2014–2020*) (MPiPS, 2013e). This document defines the senior policy as "generally targeted actions of public administration at all levels as well as other organizations and institutions that perform tasks and initiatives shaping the conditions of a dignified and healthy aging." It was considered that its aim in Poland "will be to support and provide opportunities for active aging in health and opportunities for continued self-reliant, independent, and fulfilling life, even with some functional limitations." The document includes the concept of active aging and assumes that "should consider adopting similar solutions for the elderly and senior organizations by local government units to those undertaken to cooperate with non-governmental organizations at municipal, county, and provincial levels." Attention was paid to the fact that it will be necessary. However, to undertake legislative action involving parliament proceeded by consultations within the framework of the Joint Commission of Government and Local Government.

The document also includes five areas of action: health and self-reliance; activity of people 50+; educational, social, and cultural activities of the elderly; silver economy; intergenerational relations. The area "health and self-reliance" includes three dimensions. The first dimension of "conditioning solutions to medical care for the elderly" includes Priority 1. "Creation of system solutions that will allow for the development of medical services for the elderly," including Objective 1. "Development of geriatrics as a specialization," and Objective 2. "Preparation and training of medical staff towards holistic and comprehensive health care for the elderly patient." Priority 2. "Health promotion and preventive care," including Objective 1. "Preparation for the period of its own old age in terms of knowledge about the physical and psychological changes during the aging process and the consequences of certain behavior;" Objective 2. "Promotion of appropriate lifestyle in the area of mental health, intellectual

activity, nutrition, tempo, recreation, body hygiene, and avoidance of risky behavior in terms of health;" and Objective 3. "Development and promotion of physical activity." Priority 3. "Development of social and care services tailored to the needs of the elderly," including Objective 1. "Development of social services tailored to the needs and capabilities of older people;" Objective 2. "Providing adequate care with limited independence through the development of care services;" Objective 3. "Development and implementation of telecare and the use of innovative technologies in facilitating the organization of care for the elderly;" and Objective 4. "Creating systems of support for informal carers, especially at the local level." The second dimension of the area of "health and self-reliance" is a "security," which contains a single goal: "Ensuring the safety of the elderly and prevention of abuse used against them." While the last dimension is, the "space and place of residence," which also contains one goal: "Supporting spatial architectural planning adapted to all (universal design) and taking into account the needs of different age groups (including the elderly)."

The second area of the government long-term senior policy, is "activity of people 50+," in which the main objective "is to plan and take actions that will allow for the best use of the potential of older people in the labour market and thus will enhance and extend the working life of 50+ and 60+." Here four specific objectives were described: Objective 1. "Dissemination of an educational offers, offer, improve its quality, and to adapt it to the needs of the labour market and to the needs and capabilities of customers (employees and job seekers aged 50+);" Objective 2. "Creating friendly working conditions for employees and the use of solutions in the field of age management;" Objective 3. "Increasing the efficiency and effectiveness of activities to promote employment and economic activity of people aged 50+ and 60+;" Objective 4. "Development cooperation for employment of people aged 50+."

The third area is "educational, social, and cultural activity of the elderly." The objective in this area is "to promote the idea of learning among the elderly and activating the civic and social activities, including: the development of learning opportunities for older people, developing and supporting social activity of older people (including civic engagement and volunteering), increasing the participation of older persons in culture both as its customers and developers."

Three dimensions were distinguished here. The first is the “educational activity” where the primary objective is “to increase the participation of older people in education and increase the availability and quality of the educational offer.” It includes Priority 1. “Development of learning opportunities for older people in areas that align with the needs;” including Objective 1. “Dissemination of health education;” Objective 2. “Promoting civic education;” Objective 3. “Dissemination of education in new technologies;” and Priority 2. “Supporting the development of system solutions for various forms of learning organizations addressed to older people, including the movement of Universities of the Third Age.” The second dimension of this area is “activity in the field of culture” where the primary objective is “to increase the participation of older people in the culture both as its customers and developers.” Here are three goals: Objective 1. “Improving cultural competence;” Objective 2. “Integrating the activities of institutions and organizations;” Objective 3. “Promoting cultural animation.” The third dimension is the “social activity” includes Priority 1. “Development of civic elderly” where the goal is to “increases the involvement of older people in the local community life and affairs of the country and increases the role of senior citizens in solving social problems;” and Priority 2. “Development of the elderly volunteer” with the main objective of “increasing the participation of older people in various forms of voluntary activities to allow the development of the potential of these people and of new competencies.”

The fourth area indicated in the document is the *silver economy* where the primary objective of the senior policy is “to promote the development of practical solutions tailored to the needs and expectations of older people.” The last, the fifth area is the “intergenerational relationships” where the primary goal adopted is called as “solidarity between generations as the standard pattern in society, social policy, culture, and the labour market.”

Further principles of the aging policy are described in the *National Program to Promote Equal Treatment for the years 2013–2016* (pol. *Krajowy program działań na rzecz równego traktowania na lata 2013–2016*) (PRSR, 2013) coordinated by the Government Plenipotentiary for Equal Treatment. In the diagnostic part of program attention was paid to the problem of age discrimination, including older people in the labour market, for example, due to a lack

of promotion and investment in the training of such personnel; particularly discrimination against women 50+, which at this age begin to care for aging parents or in-laws and at the same time, according to the social expectation, help in the care and education of grandchildren.

The attention of older people is paid in the II area of the "Equal treatment in the labour market and the social security system" programme under the Main Aim 2. "Equal treatment in the labour market groups vulnerable to age discrimination, disability, nationality, and ethnic origin, sexual minorities and migrants" which includes a specific objective 2.1. "Support groups vulnerable to age discrimination, disability, a national and ethnic origin, sexual orientation, and migrants in the labour market," which implementation is taken into account, inter alia, activities such as 1. "Making the revision of the 'Solidarity between generations (...) [programme]' for the development of a coherent policy on the employment of 50+;" 2. "Development of the long-term senior policy in Poland, 2014–2020."

Under area III. "Prevention of violence, including domestic violence, and enhancing the protection of people experiencing violence," draws attention to violence against the elderly and disabled as a phenomenon as disclosed less frequently than other forms of violence (for example, against children or women). In the Main Goal 3. "Preventing physical and psychological violence and hate speech against persons with vulnerable groups" adopted where the specific objective 3.1 "Increased public awareness of violence against the elderly and people with disabilities." Action to achieve it is the "Conducting awareness-raising activities aimed at sensitizing the public on the phenomenon of violence against the elderly and disabled."

In the area IV. "Equal treatment in the education system" it was pointed out that in Poland, there is a problem of education for older people. In the Main Goal 1: "Eliminating inequality and discrimination occurring in the process of education," the detailed objective 1.6. "Supporting older people in their role as community leaders," which is to be achieved through activities such as 1. "Promoting an increase of the of the older peoples' participation in the local social life;" 2. "Taking the training and mentoring program for older people to develop their leadership talents;" 3. "Support to NGOs dealing with older peoples' problems."

The area V. "Equal treatment in the health system," assumes that older adults are particularly vulnerable to unfair treatment in access to medical services due to age limits on research and medical services. In the Main Goal 3. "Prevention of inequalities in the access to elderly people to medical services" specific objective was 3.1. was described "Improving the quality of geriatric care" where the following actions are planned: 1. "Starting a specialized short path in the field of geriatrics in order to increase the number of physicians with this specialization;" 2. "The introduction of an optional mode of gerontology education for students of medical schools not covered by the compulsory gerontological education;" 3. "Revision of the contracting by the National Health Fund of geriatricians." For detailed goal 3.2. "Verifying the validity of the existing age limits on access to preventive testing" established additional "analysis of the causes of age restrictions on access to preventive tests in order to verify their validity." In the Main Goal 4. "Promoting healthy attitudes among people aged 50+" specific objective 4.1. is adopted "Raising awareness about the impact of preventive health care for the feeling of well-being of people over 50" including the actions: 1. "Conducting awareness campaign targeted at people over 50 years of age and their surroundings designed to show the impact of preventive health care for the well-being;" 2. "Evaluation of the effects of the campaign."

In the area VI. "Equal treatment in access to goods and services," it was noted that there is important issue of age discrimination, inter alia, at the opening of current accounts in banks, obtaining bank loans, loans, insurance. Another problem is that the form and nature of contracts submitted for signature financial and banking (difficult, very understandable language, small font). In addition, attention is paid for lack of adjustment of public transportation vehicles to the abilities of the elderly and illegible timetables. The particular goal 1. "Improving access to goods and services for people with disabilities and older people," include the detailed objective 1.1. persons "Anti-discrimination of persons with disabilities and the elderly by reducing the barriers that prevent the proper functioning of the public space" including, among others, Action 1. "Introduction to the building law rules of universal design during the implementation of the provisions of the Convention on the Rights of Persons with Disabilities;" 2. "Analysis of educational standards for courses of architec-

ture and urban planning study, as well as industrial design for the possibility of a wider, emphasize on universal design issues and possible modification of the relevant documents;" 3. "Adapting the authorities and institutions of Poland for the proper handling of older people and people with disabilities by introducing arrangements to accommodate the needs of both groups;" 4. "Digital inclusion of elderly and people with disabilities by organizing public campaigns aimed at overcoming fear and showing the benefits of skills in using new technologies, organization of courses by using the existing capacity (for example, courses in libraries);" 5. "Analysis of the rules governing access to voting for people with disabilities in terms of ensuring the independence and autonomy of these persons in voting;" 6. "Analysis of possible solutions to create the conditions for the functioning of instruments to enable people with disabilities to use for a specified time with equipment to facilitate the functioning of a person with a disability."

Moreover, in the area VI Main Goal 3. "Improved solutions supporting people who are in a difficult situation due to age, disability, illness, and persons having refugee status" there is a specific goal 3.1. "Improving access to social housing, public housing, and sheltered housing for people who require assistance in obtaining housing, as well as people who are disadvantaged due to age, disability, illness, and persons with refugee status." In the Main Goal 7. "Equal treatment of men, women, the elderly, and people with disabilities in sport" was adopted the specific objective 7.3. "Increasing the participation of older persons in sports activities" through actions: 1. "The creation of a wide-range offer that will enable the systematic adoption of sporting activities by the elderly;" 2. "Promotion of an active lifestyle among older people." In the Main Goal 9. "Anti-discrimination on grounds of sex, age, national and ethnic origin, disability and sexual orientation in the media" include the specific objective 9.1. "Changing the discriminatory image of persons belonging to vulnerable groups of unequal treatment in the media coverage" including actions: 1. "Initiate and conduct a broad public debate about the manner in which persons belonging to vulnerable groups are unequally presented in media coverage (with the participation of well-known public figures, academics and media experts);" 2. "Establishment of a broad coalition of the 'Equal op-

portunities in media' to promote the theme of equal treatment in the media;" 3. "The organization of competitions for the best media initiatives suited to the principle of equal treatment."

Another document is *The Perspective of Lifelong Learning* (pol. *Perspektywa uczenia się przez całe życie*) (MEN, 2013). In the document, it is noted that the specificity of adult learning in Poland is an active development of Universities of the Third Age. A diagnosis of learning at different stages of life and career was conducted, which emphasizes that due to changes in the general pension scheme design challenge to promote learning for "the longest possible maintenance of social activity as well as to meet the need of being needed and maintain social contacts," "better serve the needs of everyday life typical of this group of people associated with decreased physical fitness and the need to care – in a way that can help to relieve the traditional institutions of the health and social welfare." Adopted strategic policy objective for lifelong learning in Poland is: "Children and young people well prepared for lifelong learning and adult expanding and supplementing their competencies and skills appropriately to the challenges they face in life, social, and personal." Objectives are related to: "constant improvement of competencies and qualifications," "increase of the competitiveness of the Polish economy, in accordance with the principles of sustainable development and its knowledge-base," "increase the mobility of learners and workers, including readiness to change their profession at any career stage," "increase professional and social activity."

The perspective of lifelong learning adopted five operational objectives: 1. "Creativity and innovation of people;" 2. "Clear and coherent national qualifications system;" 3. "The diverse and accessible range of forms of early care and education;" 4. "Education and training tailored to the needs of a sustainable economy, changes in the labour market and social needs;" 5. "Work environment and community involvement promoting dissemination of adult learning." Moreover, the five strategic directions of intervention include: 5.3. "Developing a model of adult learning, which is based on practically learning, including learning at work and in organized activities of communities of citizens: (...) focus on the replenishment of adult education competency gaps such as the 'digital divide' – the lack of basic ICT competencies in the older generation;" 5.10. "Supporting and

promoting an attractive educational offer addressed to seniors and innovative solutions to motivate seniors to learn to keep the activity."

Some important principles are included in the *National Programme for the Development of Social Economy: Project* (pol. *Krajowy Program Rozwoju Ekonomii Społecznej. Projekt*) (MPIPS, 2013a). The document assumes that the social economy sector entities play a significant role in providing, inter alia, care service "in Poland is growing a demand for them, and an aging population will exacerbate this trend. There is a need to increase the supply of these services, not only for the elderly, but also children, the disabled, and other groups." Finally, it is noted that cooperatives in Poland employ three times more people with disabilities than the national economy and maintain two times more employment of persons in immobile age or retirement. This sector can, therefore, play an important role in the context of the implementation of activities in the field of extending the retirement age. In Priority I. "Social Economy on a socially responsible territory" in action I.3. "Supporting the development of public services through the social economy" highlights the potential of the sector in terms of care services for the elderly, dependents and persons with disabilities. Action I.4. "Supporting the development of social economy activities in the main areas of development" emphasizes the activity in the solidarity of generations by, inter alia, "To support the establishment and operation of social enterprises by workers approaching retirement age as a tool for prolonging working lives and support the employment of 45+ in social enterprises, using their experience, and professional competence;" "supporting projects of social enterprises and social economy entities addressing their economic activities to older consumers, pursuing their expectations and needs in such areas as social services, education, and the organization of leisure, tourism, youth and the senior, as well as supporting them in maintaining social and professional life and good health (creating conditions for the development of so-called the silver economy);" and "promote the development and use of social entrepreneurship in the process of supporting the change of the current career employees: the use of social entrepreneurship in the process of outplacement and retraining, the ability to create social enterprises in connection with the restructuring processes, in particular, for the employees 50+."

Some principles of policy of aging are included in the project of *The National Anti-Poverty Program and Social Exclusion 2020* (pol. *Krajowy Program Przeciwdziałania Ubóstwu i Wykluczeniu Społecznemu 2020. Nowy wymiar aktywnej integracji. Projekt*) (MPIPS, 2014). The document draws attention to the phenomenon of poverty among the elderly, while insisting on the internal diversity of this category – by underlining the diversity of the problems of poverty in retirement, pre-retirement, and older workers. With regard to persons in pre-retirement age, “is the poverty of people officially recognized as entitled to retire.” While a group of older workers includes the “people who should persist with their own work, so it is poverty of the unemployed or employed. It is also possible that this is the poverty of people who because of health problems and efficiency are actual and/or formally with disabilities.” It is observed that the relative poverty of retired people aged over 65 is quite low in Poland, but the upward trend is in the period 2005–2011.

The draft of the program also drew attention to the trend toward deinstitutionalization of support for people with intellectual disabilities, the chronically mentally ill, and seniors. This process involves the resignation of creating insulating forms of 24h and long-term or permanent care. Examples of such activities in Poland include the environmental self-help, the reform of social welfare homes, which place in the development of standards and stimulated by the emergence of family care homes. It also drew attention to the need to promote new professions working in this new environment, among others, assistant of the family; create local programs for re-training of people working in liquidated residential institutions; supporting volunteering in environmental forms of assistance; and inspire self-service user movements of social support.

The Priority III. “Active inclusion in the community” indicates the action III.5. including such sentences as: “Improving access to health services;” “The development of modern health infrastructure: support therapeutic entities providing health services in the field of geriatrics and long-term care.”

Priority IV. “Safety and activity of older people” is proposed to achieve Action IV.1. “Promotion of economic activity and social seniors,” including: “1) The promotion of design of goods and services for older workers in the field to improve ergonomics and implement them in the workplace; 2) The promotion

of healthy behavior, including physical activity and a healthy lifestyle among employees to extend working lives and maintain good health; 3) Research on aging and the situation of the elderly (for example, in the study of SHARE [The Survey of Health, Ageing and Retirement in Europe]), study of the relation between activity and healthy aging; 4) Research activity of people aged 50+ (the interdependence of economic, social, civic activity); 5) Development of public awareness of the potential of older people and intergenerational cooperation: a) the promotion of a positive image of older workers and the development of social roles of 50+, as well as the promotion of good practices in this field, b) develop and implement solutions to pursuing the idea of mainstreaming aging (within designed instruments of support for labour market policy), c) actions to support intergenerational transfer of knowledge."

In Action IV.2. "The creation of a new system of care for dependents and the elderly" was suggested: "1) Technical and financial support for the development of services and the creation of daily home help for the elderly and dependent on local communities;" "2) The adoption and implementation of the Law on aid to dependent persons;" "3) [Activities] in terms of the reconstruction of institutional care in nursing homes;" "4) Develop and implement training schemes for carers, and employees of other industries (for example, family members caring for dependents) with a range of assistance for older people (including the pilot) and to develop training standards for caregivers and volunteers in the field to assist the elderly."

In Action IV.3. "Increasing the availability and quality of health care and medical rehabilitation for the elderly" is suggested: "1) Adjustment of the health system to the projected into 2030 demographic change;" "2) The reduction of adverse effects on the labour market resulting from demographic change through the implementation of the health system solutions targeted at the needs of older people."

In Action IV.4. "Development of environmental forms of assistance and self-help seniors. Development of seniors voluntary activity" was proposed: "1) Support, including financial implications for the development and improving high quality of the infrastructure and operation of initiatives utilizing the potential of senior citizens for the benefit of the local community: a) senior

clubs including clubs developing passions and interests of seniors; b) senior organizations; c) age-friendly places and services for senior citizens; d) initiatives to support seniors access to new technologies; e) "time banks;" f) senior volunteering and intergenerational volunteering; g) to promote active forms of leisure time by seniors through competitions for civil society organizations working in the area of public benefit for seniors under the Government Programme for Senior Citizens Social Activity;" "2) The organization of actions, campaigns aimed at creating a positive image of the later phases of life, education to old age, moving away from the stereotype of old=ill=poor (for example, promotion of active seniors silhouettes, age-friendly places, local leaders actions to the elderly and aging population, senior local initiatives, etc.);" "3) Organize activities, share information campaigns about the phenomenon of aging and the related challenges;" "4) Increasing the availability of sports and recreational facilities to improve the health of the population combined with the promotion and education regarding this form of activity;" "5) Introduction of neighbor help as one of the forms of support for the independence of the older person in the place of residence;" "6) The development of awareness of the potential of older people and cooperation."

Priority VI. "The management and structural changes in the system of social integration" in Action VI.3. "The reform of the social assistance" is proposed to include "Modifying directory of cash and non-cash social assistance – by introducing a simplified directory of cash and non-cash, the granting of which will depend on the height of your income, which will consist of: (...) supplement for the elderly and disabled, pay for care services for elderly and disabled people."

2.4 Case Studies of Selected Large Cities of Poland

The term city will be understood by R. Domański (2006, p. 22) as "an area with the highest concentration of population and activities, and with the economic, social, cultural, technical, environmental, and political administration." Cities in this approach are complex systems characterized by agglomeration benefits arising from the close proximity of different types of economic activities, human individuals, families, groups, and communities. These benefits come in three forms:

economies of scale (reduction of production and service costs), location (use by companies with common labour market, increase their interoperability, innovation, and specialization) and urbanization (fuller use of infrastructure and institutions, reducing the cost of business expansion, reduce transportation costs, increase access to information and innovation) (ibid, pp. 23–26).

Analysis of aging in cities of Poland should take into account key features of post-communist cities. According to M. Szczepański (1991, pp. 23, 181–4) such cities have few distinguishing features. They were based on a particular ideology and doctrine of urban planning and architecture, referred to as a socialist, but, in fact, constituting a modification of modernist ideology and doctrine of the capitalist city. Such cities have inflexible space that lacks with elementary service facilities, commercial, and cultural spaces. Thus, residents often not identify themselves with the local environment. Functions of this space often can neither adapt nor change, which leads to a situation where citizens orient themselves on family life in their own homes, while neglecting the problems of the local community. Very limited opportunities to change also have members of the local government because of lack of resident's support, as well as access to primary sources of funding. As a result, residents of urban settlements create features of post-communist cities. According to M. Szczepański (1991, pp. 23, 181–4) such cities have few distinguishing features. They were based on a particular ideology and doctrine of urban planning and architecture, referred to as a socialist, but, in fact, constituting a modification of modernist ideology and doctrine of the capitalist city. Such cities have inflexible space that lacks with elementary service facilities, commercial, and cultural spaces. Thus, residents often not identify themselves with the local environment. Functions of this space often can neither adapt nor change, which leads to a situation where citizens orient themselves on family life in their own homes, while neglecting the problems of the local community. Very limited opportunities to change also have members of the local government because of lack of resident's support, as well as access to primary sources of funding. As a result, residents of urban settlements do not form local communities, but rather communities assigned to neighborhoods while the neighbors are like anonymous strangers. Poorly organized settlements favor deformation of resi-

dents' everyday life space, impoverish them and force to transfer parts of the activity (shopping, participation in culture) outside the estate or even outside the city. Such impacts aggravate the difficult living conditions, increases frustration, and increasing deficit of free time.

Table 5 Percentage of people aged 60+ in the cities with a population over 100 thousand in Poland, 2011

City	Total population in thousands	Age of 60–64 years in thousands	Age of 65–69 years in thousands	Age of 70–74 years in thousands	Age of 75–79 years in thousands	Age of 80–84 years in thousands	Age of 85+ years in thousands	Age of 60+ years in thousands	Age of 60+ years in % to the total population
Warszawa	1708491	118817	76739	68970	66677	52644	35421	419268	24,54
Kraków	759137	50372	35162	28861	26219	19387	12865	172866	22,77
Łódź	725055	60310	36646	28590	26960	21989	15305	189800	26,18
Wrocław	631235	46968	25574	23792	22486	17380	11860	148060	23,46
Poznań	553564	41431	24714	20238	18421	13502	9755	128061	23,13
Gdańsk	460517	34889	20089	18057	15606	11116	8018	107775	23,40
Szczecin	409596	31374	16793	15337	14047	10181	6564	94296	23,02
Bydgoszcz	363020	27313	16414	14347	12160	8703	5882	84819	23,36
Lublin	348567	23551	15444	13018	10541	7780	5025	75359	21,62
Katowice	309304	21840	15749	14887	10752	7205	4883	75316	24,35
Białystok	294298	17060	11242	10376	8577	6179	3908	57342	19,48
Gdynia	248939	18975	11461	10199	8975	6309	3960	59879	24,05
Częstochowa	235798	17653	10583	9124	8412	5957	3747	55476	23,53
Radom	220602	14374	9054	7549	6950	4915	2989	45831	20,78
Sosnowiec	215262	17866	10102	8576	6621	4705	2913	50783	23,59
Toruń	204921	15083	8327	7119	5995	3939	2936	43399	21,18
Kielce	201815	15521	9344	7985	6696	4416	2820	46782	23,18
Gliwice	186868	12898	8284	7775	6034	4028	2533	41552	22,24
Zabrze	180332	10846	7393	7961	5953	3695	2096	37944	21,04
Rzeszów	180031	10944	6686	6048	5368	3635	2219	34900	19,39
Bytom	176106	11323	8119	8081	5800	3595	2143	39061	22,18
Olsztyn	175420	12085	6230	5663	4882	3559	2593	35012	19,96

City	Total population in thousands	Age of 60–64 years in thousands	Age of 65–69 years in thousands	Age of 70–74 years in thousands	Age of 75–79 years in thousands	Age of 80–84 years in thousands	Age of 85+ years in thousands	Age of 60+ years in thousands	Age of 60+ years in % to the total population
Bielsko-Biała	174503	13088	7878	6888	5440	3969	2808	40071	22,96
Ruda Śląska	143024	8995	6141	6006	3988	2332	1321	28783	20,12
Rybnik	140944	8767	5465	5454	3656	2270	1494	27106	19,23
Tychy	129322	9100	4741	4404	3664	2315	1162	25386	19,63
Dąbrowa Górnicza	125475	9693	5153	4257	3517	2575	1596	26791	21,35
Gorzów Wielkopolski	124554	9551	4948	4192	3516	2323	1498	26028	20,90
Płock	124318	9472	5734	4385	3371	2075	1421	26458	21,28
Elbląg	124257	9135	4458	3801	3625	2627	1627	25273	20,34
Opole	122439	8973	5399	4793	4054	2709	1720	27648	22,58
Wałbrzych	119955	9074	4747	5159	4643	3092	1745	28460	23,73
Zielona Góra	119197	8932	4895	4312	3844	2547	1675	26205	21,98
Włocławek	116345	9157	5220	4104	3200	2363	1501	25545	21,96
Tarnów	113593	7596	5147	4667	3765	2596	1592	25363	22,33
Chorzów	111536	7589	5376	5488	3801	2417	1454	26125	23,42
Koszalin	109233	8867	4698	4128	3700	2408	1464	25265	23,13
Kalisz	105122	7967	5122	4109	3445	2342	1616	24601	23,40
Legnica	102979	7955	3792	3606	3092	2076	1409	21930	21,30

Source: Bank Danych Lokalnych [Local Data Bank], GUS, www.stat.gov.pl/bdl [01.06.2014].

Further parts of this part of the book present the main observations and conclusions gathered by analyzing the strategic documents of selected large cities of Poland. An in-depth analysis of case studies of the phenomenon may be a starting point for creating the theory, or modify existing ones, as well as inspire further research (Stake, 2009). The case study technique allows the identification of policy stakeholders, situational factors, the management, operations' areas, and primary values and principles. The first such documents in the field of the aging policy were introduced in Poland after the 2008 in following cities: Warsaw, Sochaczew, Poznań, Elbląg, Tomaszów Mazowiecki,

Olštyn, Katowice, Częstochowa, Nowe Miasto Lubawskie, Działdowo, Gniezno, and Lublin (see Klimczuk, 2012, pp. 52–53).

Probably the most frequently reported city in the context of aging population is Łódź, which does not have any special documents in this field yet. At this point, it is sufficient to note few observations from this city (Szukalski, 2010). The demographic situation of Łódź since the beginning of the 20th century is distinguished by aging of the population due to the very low fertility, low attractiveness to settlement, the high mortality rate of people aged 20–39 years. This process also deepens the suburbanization – sprawl of people in the suburbs of the city – which is characterized by leaving the city by a relatively young (mostly 30–45 years old), whose children are born already outside the town. As a result, it expects the increase in demand for a variety of social services for the elderly while weakening the city's own revenues due to suburbanization.

At this point, attention should be paid for the demography of the population of people 60+ in the analyzed selected cities of the country (Kraków, Gdańsk, Wrocław, and Poznań). According to the Central Statistical Office of Poland (GUS, 2014), the highest level of the share of persons 60+ in the total population of the city in 2011 had, Łódź (26.18%), followed by Warsaw (24.54%), and Katowice (24.35%). Subsequently, there is mixed large and medium-sized cities – namely Gdynia (24.05%), Wałbrzych (23.73%), Sosnowiec (23.59%), Częstochowa (23.53%), Wrocław (23.46 %), Chorzów (23.42%), Gdańsk (23.40%), Kalisz (23.40%), Bydgoszcz (23.36%), Kielce (23.18%), Poznań (23.13%) Koszalin (23.13%), Szczecin (23.02%), Bielsko-Biała (22.96%), Kraków (22.77%). It should be noted that the chosen four cities of the country have a similar share of the population 60+ (about 23%), but differ in terms of total population, which may be important especially in the design of services, products, and intergenerational activities. The largest population potential has the Kraków (759 thousand inhabitants), followed by Wrocław (632 thousand), Poznań (553 thousand), and Gdańsk (460 thousand).

The analysis of population aging needs, taking into account the process of “feminization of the population” associated with the fact that women live longer and are more likely than men to live in the old age period are. Tak-

Table 6 Demographic forecast of people 60+ in the cities with a population over 100 thousand in Poland until 2035

City	2015		2020		2025		2030		2035	
	In thou- sands	In % of the total popu- lation	In thou- sands	In % of the total popu- lation	In thou- sands	In % of the total popu- lation	In thou- sands	In % of the total popu- lation	In thou- sands	In % of the total popu- lation
Kraków	185388	24.21	198754	25.77	201583	26.06	205286	26.58	219041	28.48
women	112716	14.72	120627	15.64	121926	15.76	122931	15.92	128962	16.77
men	72672	9.49	78127	10.13	79657	10.30	82355	10.66	90079	11.71
Wrocław	158633	25.39	168216	27.01	167538	27.02	166624	27.08	175313	28.74
women	96994	15.53	102307	16.43	101653	16.39	100391	16.32	104081	17.06
men	61639	9.87	65909	10.58	65885	10.62	66233	10.76	71232	11.68
Poznań	134736	24.94	141305	26.67	139353	26.88	136696	27.09	141289	28.86
women	82565	15.28	86407	16.31	85008	16.40	83012	16.45	84538	17.27
men	52171	9.66	54898	10.36	54345	10.48	53684	10.64	56751	11.59
Gdańsk	115690	25.68	122587	27.35	122520	27.56	122790	27.98	128526	29.75
women	69019	15.32	73360	16.37	73227	16.47	72942	16.62	75341	17.44
men	46671	10.36	49227	10.98	49293	11.09	49848	11.36	53185	12.31

Source: Bank Danych Lokalnych [Local Data Bank], GUS, www.stat.gov.pl/bdl/01.06.2014/.

ing into account, the division of the population 60+ in selected four cities of the country based on gender it should be emphasized that the predominant number of women 60+ is the highest in Wrocław (5.01 percentage point). The lower level was recorded in Poznań (4.91 pp), Kraków (4.65 pp), and Gdańsk (4.18 pp). It may be said that the products, services, and activities for older people should carefully take into account the design issues with the internalization of the equal opportunities regardless of gender.

In addition, demographic projections for the population 60+ of the Central Statistical Office of Poland (GUS, 2014) for four selected cities in the country were analyzed. It is noted here that in the period from 2011 (as described in Table 5) by 2035 (Table 6), the share of persons 60+ in the population of selected cities will increase, in particular, in Gdańsk (6.35 pp). Much smaller increase is to be recorded in Poznań (5.73 pp), Kraków (5.71 pp), and Wrocław (5.28 pp). In absolute terms, these differences are much more important. Population 60+ in Kraków increase in the period from 172 thousand to 219 thousand, in Wrocław from 148 thousand to 175 thousand, in Poznań from 128 thousand to 141 thousand, while in Gdańsk from 107 thousand to 128 thousand.

2.4.1 Case Study: Kraków

In a *Malopolska Development Strategy for 2011–2020* (pol. *Strategia Rozwoju Małopolski na lata 2011–2020*; UMWM, 2011) one of the dimensions of vision of 2020 is the assumption that it will be “region safe and resistant to the individual and collective threat.” A part of this vision is the recognition that “as a result of a rational and consistent policy in the area of health and social policy of Malopolska inhabitants are living longer and more active. Despite the relatively favorable demographic situation, in the region were launched actions for responding to the consequences of an aging population. Management strategy based on the principle of solidarity of generations contributed to the development of the system of care for both the youngest and the oldest inhabitants of the region. A growing group of people in the retirement age is not treated as a burden, but as an opportunity for the regional economy, acting as an audience of specialist care services and medicines. Thanks to this the residential Malopolska function has been strengthened.”

Issues related to the elderly are located in several regional directions of the strategy. Direction 1.1. "The development of intellectual capital" emphasizes to promote greatly of lifelong learning by the planned activities: 1.1.1. "Implementing discovers, shaping, and supporting talent;" 1.1.2. "Developing and promoting attitudes related to lifelong learning and using it;" 1.1.3. "Modernization and development of infrastructure and improvement of the quality and availability of services provided by the center of continuing education (beyond the local and regional);" 1.1.7. "The implementation of system solutions to increase the level of participation of older people in the system of lifelong learning, including financial support instruments for Universities of the Third Age."

Direction 4.1. "Development of the Kraków Metropolitan Area" includes key action 4.1.2. "The investment necessary to fill the metropolitan functions of Kraków – to ensure the provision of services in the field of higher order [such as] (...) a health infrastructure through the development in Kraków: benefits in terms of (...) geriatrics – the center of the treatment of diseases of old age." Similar directions 4.2., 4.3., 4.4., and 4.5. include geriatric and rehabilitation specializations consecutively in Tarnów, Nowy Sącz, Podhale, and Western Małopolska sub-regions;" in action 4.4.1. furthermore, in the direction of 4.5. "Development of the Western region of Little Poland" in action 4.5.1.

Direction 6.3 "Improvement of social security: integrating social policy" assumes that action will be essential to building a "new offer of specialized services targeted to a group of seniors," and that this process may allow the implementation of the silver economy concept. This is reflected in actions: 6.3.3. "The implementation of the regional strategy of action in the context of an aging population;" 6.3.4. "The development of the education system personnel working in the area of integrating social policy;" 6.3.5 "Development of family-friendly forms of foster care."

The next document is a report called as the *Challenges of Małopolska in the Context of an Aging Population: A Strategic Approach* (pol. *Wyzwania Małopolski w kontekście starzenia się społeczeństwa. Podejście strategiczne*) (Golinowska, 2010). The report assumes to integrate the activities for the elderly and to promote the concept of the "silver economy" as an opportunity for the development of the region. This strategy has to be focused on the needs of an aging population and

thus meeting the needs of all residents, not just to the older age groups. Diagnosis included: the need for health care and long-term care of the elderly; needs and resources of Malopolska in the field of spa treatment, recreation, and health tourism; need for housing, planning, and transport for older persons; an academic and social potential; cultural and tourist potential; economic resources.

In summary, of the report, a number of recommendations regarding the need for the implementation of activities in the region were divided into different areas:

- Human resources: developing “friendly” conditions for seniors; growth of economic innovation in order to increase labour productivity; extension of working life; development of favorable institutional conditions and infrastructure for the reconciliation of professional and family functions conducive to female participation in more diverse forms;
- Health and long-term care: training specialists in the field of geriatrics; extending the study of geriatrics in all medical fields; preparing practitioners to increase the function of therapeutic and consultative care for the elderly; development of “Senior Health Centers” network in sub-regions, and then in the districts; preparation of organizational and personnel conditions needed for the development of home care as the preferred direction of long-term care; solving the problem of coordination of health and long-term care; implementation of standards and build into a quality control system of care in long-term care institutions (public and private); the introduction of a long-term health promotion program for healthy aging;
- Social assistance and long-term care: the use of preferences in the development of home care with the help of caregivers and nursing; the gradual development of a network of small houses social assistance, open to the local environment; development of daily social welfare homes;
- Spa therapy and rehabilitation: development of Investment Plan for Health Resorts in Malopolska and implementation of development programs, spa treatment, and health tourism; the establishment of the Regional Investment Fund for development of Malopolska spas;
- Housing: estimating the financial needs of the renovation and modernization of existing resources, tailored to the needs of an aging pop-

- ulation; request to establish a central fund repair and creation of the Malopolska fund for the renovation of old housing;
- Public space: the development of a complete and coordinated spatial development plan of the region and all of its locality; designing a best practice management of public space in the main cities of the region at the forefront of Kraków (in accordance with the concept of healthy city), taking into account adaptation to the needs of the least efficient and older; preparation of the draft revitalization of settlements, buildings, and dwellings in towns in the province of Malopolska;
 - Communications and transport infrastructure: develop a detailed plan for transport and communications solutions, connecting Kraków, the major cities of the region, and spa treatment center and health tourism centers, enabling the preparation of investment programs with preferential periods of implementation; shopping and modernization of the transport fleet only one that would be tailored to the needs of the less efficient;
 - Education: determined to increase the limits on the directions of medical admissions in the region of Małopolska, where the personnel resources will be used in the development of the "silver economy;" opening of new, and development of selected existing, medical facilities for an aging population, an increase in admissions to schools and medical schools;
 - Social capital: to popularize and promote volunteering in schools and universities, as well as to improve the regulation and the creation of conditions for the provision of volunteering by older people; Support by local governments the NGOs in their activities for the elderly and intergenerational solidarity, particularly led by seniors;
 - Tourism: development and promotion of under-invested centers, attractive to tourist and recreational facilities with integrated functions, adapted for use by less efficient persons;
 - Culture: prepare a medium-term investment program of cultural institutions in equipment solutions for the less agile and older; development of a network of communal centers by the concept of "library plus" and other multi-functional cultural institutions;

- Economic potential: the inclusion of intra-cohesion, sustainable development, and the *silver economy* concepts; preparation of concept-driven impact of public finance in the region towards solutions consistent with the strategy; increasing the impact on foreign and domestic investors to locate investments in accordance with the silver economy as a result of conducting intensive promotion policy and appropriate negotiate the terms of the investment.

In *The Małopolska Region Senior Policy report* (pol. *Polityka senioralna województwa małopolskiego*) (ROPSK, 2011) it is highlighted that further definition of the senior policy objectives in accordance with the *Malopolska Regional Development Strategy 2011–2020* will include a Strategic Programme Social Inclusion comprising five priorities. In the fourth of them, it is assumed “Implementation of the Regional Strategy for Action in the context of an aging population” which include activities such as “developing the infrastructure of daily care homes for older people in local communities;” “centers of support for informal carers of older people;” and “‘Reloaded’ – developing local initiatives and educational activities for a good old age.”

Furthermore, the report mention draft of the Strategic Plan *Intellectual Capital and Labour Market* an aging policy is visible in the following priorities: Priority 3. “Support for the residents of Małopolska in planning the path of development of vocational education at every stage of life” which implies professional awareness of youth, but also adults through the development of educational and vocational guidance. It has planned to grant access to vocational guidance at every stage of life in each sub-region of Małopolska.

Priority 4. “Development of lifelong learning mechanisms” takes into account the support of Universities of the Third Age in the form of grants allocated to: the creation of new organizations (including subsidiaries of already existing), expanding the role of Universities of the Third Age by functions related to the complement of professional qualifications, professional activation, help for the elderly in the return to the labour market, and the transfer of competence of experienced workers to the younger generation of workers.

Priority 5. "Support jobs" provides targeted action for people employed and unemployed, including selected groups in a particular situation on the labour market, among others, people 50+ and those with dependents, in the project "Active retirement" – to support the maintenance of professional activity to retirement, including, among others, the diagnosis of the professions in which there is the greatest risk of loss of the profession before retirement age.

The draft of Strategic Plan *Health Care* assumes the "holistic approach to medical care for the elderly" (Priority 3) based on the "Development of medical care for the elderly." For this purpose, in Kraków, it will build the unique in the Poland resort for diagnosis and treatment of old age diseases at the University Hospital in Kraków. The report also mentions the *Silver Economy in Małopolska* – planned strategy that will be the further operationalization of the *Challenges of Małopolska in the Context of an Aging Population. A Strategic Approach* report.

More local – city document is the *Municipal and District Social Assistance Programme for 2004–2006* (pol. *Gminny i Powiatowy Program Pomocy Społecznej na lata 2004–2006*) (UMK, 2004). It brought a closer analysis of the city population aging and a general description of institutional resources in the social assistant system with regard to social assistance centers, nursing homes, day care centers, occupational therapy workshops, and support centers providing shelter. In the intervention rules, also the principles of social work for the elderly and disabled were adopted as follows: a. "Measures to provide care for an elderly person or disabled family," b. "Providing care at home for the elderly and disabled," c. "Provide services by nurses for the older person with a disability in the environment," d. "Building environmental support for older people and persons with disabilities – including through volunteering," e. "Assistance in obtaining the possibility of staying in daily educational support for persons with disabilities and older," f. "Help in finding non-governmental organizations for the elderly and disabled," g. "Assistance in free time," h. "Interventions in the situation of a person neglected, at risk, in need of assistance," i. "Monitoring the quality of care," j. "Aid in providing psychiatric facilities such as the social assistance houses," k. "Help in adapting the elderly and disabled to the new environment (for example, located in the nursing home, the changing place of residence)." In the hierarchical system of priorities, objectives, and tasks for

the elderly, important are specific aims: "Allowing the functioning of individuals and families in poor conditions to correspond to human dignity and to ensure basic living conditions through financial support;" "Reducing the adverse effects of these factors (problems) that cannot be removed or changed;" "Restoring the possibility of better performance of social roles by assisting in solving problems and overcoming difficulties in collaboration with the family." Priority "Reducing the negative effects of old age" include the specific objective "Providing appropriate forms of care for people who require such assistance" in particular through the provision of services to the elderly in nursing homes; specific objective "Ensuring older people the basic conditions of life through financial support;" specific objective "Engaging older people in the fullest possible participation in society" through the implementation of care services; specific objective "Activation families for providing care to their closest, requiring such assistance" through social work with families.

In the *Strategy for Solving Social Problems in Krakow for 2007–2013* (pol. *Strategia Rozwiązywania Problemów Społecznych Krakowa na lata 2007–2013*) (UMK, 2006) it is noted that the elderly group largely coincides with the group of people with disabilities in Kraków because most people with a disability certificate are in the retirement age. As part of the projects planned to be implemented under the direction of priority "Aiming to reduce the incidence and depth of poverty" is planned action: "3. Improving the living conditions of the elderly and disabled as a basis for social integration" which was covered activities aimed at ensuring the functioning of a social infrastructure and the implementation of family benefits and social assistance to the elderly, the disabled, and families with a disabled family member.

In the *Safety Improvement Program for the City of Kraków* (pol. *Program Poprawy Bezpieczeństwa dla Miasta Krakowa*) (UMK, 1999) the division of programs into segments was adopted: the restrictive-repressive; preventive-educational; sequence; communication; crisis; and promotional-informational. The schedule of the program within the segment of preventive-educational highlighted the risks to the elderly and disabled. For them, the following objectives were planned: increasing security, improving public transport, providing care for the elderly, the disabled, including the mentally ill, the creation of publicly acces-

sible database of institutions and organizations active in the field of assistance to the disabled, professional activation of disabled, initiation of activity in the field of help older and disabled people in local communities, neighborhoods, youth organizations, parish communities. Implementation of these goals was assumed by the following tasks: information campaign in the media, preparing of buses timetables adapted to transport of disabled, keeping care services, including specialist for the mentally ill, publication and distribution of the informant of institutions, organizations and forms of assistance for people with disabilities, creating a bank of tenders for the project "Labour Market," activation of the local environment in order to complete the system of aid for the elderly and disabled by the "Samaritan," which is, a neighborhood help program.

The independent of local government the *Report on the Participation of Senior Citizens in the Public Life of Małopolska* (pol. *Raport dotyczący udziału seniorów w życiu publicznym województwa małopolskiego*) (WRZOS, 2012b) highlights that so far there is no Regional Council of Elders. It was stressed also that in the "Long-term cooperation program of the Małopolska Region with NGOs and other entities conducting charitable activities for the years 2013–2017" the general support in the field of "activities for people of retirement age" is planned. Report also a confirmed activity of the Regional Center for Social Policy in Kraków as the main center of the regional aging policy and dynamic development of senior clubs (mostly in Kraków) and the Universities of the Third Age. In addition, the nationwide initiative of the Federation of Universities of Third Age, which operates from this region from 2007, was mentioned. Attention was also paid to the broad activity of the Polish Association of Pensioners and the Disabled, which in the Małopolska province has three divisions: Kraków, Tarnów, and Nowy Sącz with total about 200 entities. Association as part of its statutory tasks supports the elderly, the poor, lonely, but also organizes free time for its members in cooperate with organizations, clubs or senior centers of culture.

2.4.2 Case Study: Gdańsk

In the *Gdańsk Development Strategy 2015* (pol. *Strategia Rozwoju Gdańska do roku 2015*) (UMG, 2004b) in a SWOT (the strengths, weaknesses, opportunities, and threats) analysis, it is assumed that the aging population of the city is a threat

to its development. As part of the operational program called as the *Time for Gdańsk* sub-program *Gdańsk: Culture. Freedom of Culture. Culture of Freedom* is described which, among the activities planned includes action 5.2. "Social capital based on culture, education, and science" were among the tasks indicates the implementation of measures to combat social exclusion in the framework of the *Year 2012: Year of Seniors*. Strategy includes the operational program the *Gdańsk: My City* with operational objective "Universality and high quality of lifelong learning" including: increasing access to lifelong learning; the creation of networks and retrofit areas of education, including e-learning; improving the quality of lifelong learning: the development and implementation of improvement programs for teaching staff in various forms of continuing education, including adult education and dissemination programs for adults supplementing their core competencies (foreign languages, ICTs, culture, entrepreneurship) and increase chances on the labour market, equipment of practical training centers and centers of lifelong learning in techno-didactic equipment; create local strategies and developing social dialogue on lifelong learning, the creation of information resources for lifelong learning and development of consultancy services.

In the *Strategy for Solving Social Problems 2015* in Gdańsk (pol. *Strategia Rozwiązywania Problemów Społecznych do roku 2015*) (UMG, 2004a, 2008) issues related to the elderly are present in several primary objectives. In main goal 1. "Promotion of employment and activation of the local labour market" there is the specific goal 1.10. "Creation of city conditions for the professional and social activity of older people" which implies the creation of volunteering offers for older adults and to create a center of job opportunities for older people. In the main goal 2 "Building system support operations functioning families at risk of social exclusion" under the detailed aim 2.7 "Creating activities that enable older people and their families to use care services and various forms of support" implies creation of a "support group for families and forms of periodic replacement of family members caring for an elderly person and the chronically ill" and "system of support for families through the provision of care and multidisciplinary services to older people in the place of residence."

In the main goal 3, "Ensuring equal opportunities for the development of people at risk of social exclusion by facilitating their access to education, culture,

and sport" under the specific goal 3.1. "Building in a city the educational offer for adults giving the opportunity to learn throughout life" implies the creation of "offer of lifelong learning for people with disabilities," "provide conditions, which guarantee constant functioning of the University of the Third Age in Gdańsk," "develop programs to promote and support the activities of educational institutions aimed at older people," "develop a method to use the intellectual resources and creative older persons in the building of universal education and culture," "to ensure that older people have free or discounted access to cultural and sport offer," "creation of continuing education offer for people with problem of addiction who currently are pursuing therapeutic or post-rehabilitation program." In specific goal 3.2. "The creation and promotion of programs for healthy living for people at risk of social exclusion" it is assumed "to create the offer of physical activities for seniors using public halls, playgrounds, and sports facilities."

In the main goal 4 "Ensuring proper medical assistance to people at risk of social exclusion" in specific goal 4.5. "Organizing in Gdańsk geriatric care system" including "organization of geriatric clinics and surgeries," "creation of community forms of support co-managed and financed by the Ministry of Health and Social Assistance," "make a list of preventive examinations of older people funded by the city."

In the main goal 5 "Creating a system to help people at risk of social exclusion to meet the basic housing needs" in specific goal 5.5. "Conducting and supporting action to ensure adequate housing for the elderly" assumed "to create a support system of people and organizations that make up a small housing estates nursing homes," "create a support system of people making family aid homes" to create "a diversified supply of assisted housing for the elderly," creation "of the system to adapt housing to the needs and abilities of older people," "organization of free, legal, and organizational assistance to the elderly in the disposition of their housing stock."

In the main goal 6 "Organizing action to ensure the safety and legal protection to people at risk of social exclusion" under the specific goal 6.2. "Creating a system of public education in violence and ways to prevent it" was planned to create a "clearly defined procedures related to ensuring the safety of elementary victims of various forms of violence," "creation in the network of

the information and consultation," "develop a system of measures to protect the elderly from violence," "conducting information campaigns to raise public awareness about the different types of violence (including bullying)," "training persons intervening in the field of legal action in situations of violence," "development of educational programs for leaders of self-help groups."

In the main goal 7 "Creation of people at risk of social exclusion conditions for participating in various forms of social life" established the specific objective 7.5. "Allowing to older people to participate in various forms of social life" including "participation of older people in developing programs related to them," "made available by the city premises intended for senior clubs," "creation, based on local support centers, a social assistant system for the seniors."

In the main goal 8 "Establishment of an integrated system of social assistance in Gdańsk" to a detailed 8.8. "The creation of new structures and operations to support older people" assumed "to develop standards for system support services in an environment at home for older persons," creating "places of temporary residence for the elderly," "creation of multifunctional centers for the elderly on the basis of existing social welfare homes," "create a monitored system of support and meet the needs of older people through 'social aliment'."

Another document is *The Health Promotion and Prevention of Chosen Social Diseases for the Municipality of Gdańsk: 'Get Vaccinated Against the Flu, and You Will Enjoy the Autumn of Life'* (pol. *Program Promocji Zdrowia i Przeciwdziałania Wybranym Chorobom Społecznym dla Gminy Miasta Gdańsk. 'Zaszczep się przeciwko grypie, a będziesz cieszył się jesienią życia'*) (UMG, 2014a). In support of the need to implement the program, there is described that an increasing number of cases of influenza are because of not financing vaccination of health care services funded by the National Health Fund. The primary objective of the program is to "reduce influenza in women and men over 65 years of age that are residents of the City of Gdańsk." Among the specific objectives established: to educate on healthy and hygienic lifestyle; educate on the importance of immunization (prevention); educate in terms of risks arising from lack of vaccination; prevent the occurrence of influenza in people over 65 years of age; prevent the occurrence of complications from influenza; improve physical fitness for older Gdańsk residents.

The last official document is *The Health Promotion and Prevention of Chosen Social Diseases for the Municipality of Gdańsk: Geriatric Center 'Healthy Nestor'* (pol. *Program Promocji Zdrowia i Przeciwdziałania Wybranym Chorobom Społecznym dla Gminy Miasta Gdańsk. Centrum Geriatryczne 'Zdrowy Nestor'*) (UMG, 2014b). Justification of the implementation of the program is based on the aim to maintain the longest possible intellectual and physical fitness by residents and identifying ways of such action and motivation to use them. The main objective of the program is to "ensure successful aging, maintaining a high quality of life, as well as the improvement of the inhabitants of the City of Gdańsk over 65-years of age. This can be achieved through the promotion of healthy aging, early detection and prevention of health problems and improving the therapy and in the case of existing disorders." The program is intended to provide a wider than ever a range of access to tutorials that will allow for longer maintained intellectual and physical persons over 65 years of age. The specific objectives of the program are: assessment of the intellectual or cognitive persons over 65 years old and adjuvant therapy cognitive functions; assessment of physical disability and rehabilitation care; prevention of disability and diseases specific to old age; in the case of certain diseases (for example, dementia) the inclusion of appropriate treatment-limiting or delaying the effects of the disease; maximum extension of intellectual ability, physical, social and emotional well-functioning; psychological support for people over 65 years of age and their families; education on healthy lifestyles; promotion of physical activity in the elderly; promotion of "gymnastics of the mind" for people over 65 years of age.

The independent of local government document called as the *Report on the Participation of Senior Citizens in the Public Life of the Pomerania* (pol. *Raport dotyczący udziału seniorów w życiu publicznym województwa pomorskiego*) (WRZOS, 2013a) underlines that the *Strategy of Pomorskie Regional Development 2020* noted an increase in the number of seniors and growing demographic trends, which will affect the demand for health services and care. It also assumed the use of the tourist infrastructure of the region within the framework of services for the elderly (the *silver economy*) would be an increasingly significant segment of economic activity, mainly strengthening the local

entrepreneurship. The document also indicated the need to improve health care and health services for the elderly (spa and rehabilitation), but the seniors' problems are not reflected in operational purposes. Seniors do not have its own place in other planning documents. In social policy of the region, are noticed as potential clients of social assistance and residents of nursing homes. The analysis of strategic documents conducted for the report shows that "older residents deserve the attention of part of local authorities primarily because they are disabled, and old age is strongly connected, and maybe even identified with a disability." The objectives relating to older people are described in the local social strategies in such categories as "1. Preventing social exclusion (marginalization, alienation); 2. Active (full) participation in social life (activation); 3. Ensuring decent living; 4. Provision of (comprehensive) care; 5. Improving the quality of life; 6. Develop an (integrated) system support; 7. Integration of seniors; 8. Shaping the survival and development; 9. The creation of conditions conducive to self-reliance and self-sufficiency (maintenance of the living environment)." The Regional Council of Elders does not exist, and any concrete steps towards its creation have not been taken. However, the Council of Elders was established in the city of Gdańsk to facilitate this age group to contact the government and present their problems, needs, and objections to the local decisions and solutions. The Council is an advisory body to the President of Gdańsk in matters concerning the elderly. Its purpose is primarily consulting decisions regarding seniors and lobbying for friendly solutions to this age group. The Council is a representative of the interests of senior citizens at the local level and a valuable source of knowledge and experience. The Council is to become a regular part of the local community. In order to intensify and better coordinate efforts for seniors the Mayor of Gdańsk in 2011, appointed the Plenipotentiary for Seniors. Its tasks include: identification of needs of older people and identify their priorities, initiating actions to satisfy these needs; initiating and participating in project development (policies, programs) targeted to the elderly and to monitor their implementation; to create and update database and the dissemination of information on initiatives, projects, and undertakings addressed to the elderly; counseling and dissemination of information about how and mode of doing things for the

elderly; to intervene in relevant cases of older properties in other departments of the City of Gdańsk or organizational units of the City of Gdańsk; act as a consultation in projects whose implementation affects the level and quality of life of older people; participation in the work of the Council of Elders of Gdańsk and other Councils, whose work is related to improving the quality of life of older persons; cooperation institutions and non-governmental organizations for the elderly, including: reporting and coordination problems solving, the organization of meetings devoted to matters of the elderly, drawing conclusions from these meetings and submitting them to the appropriate recipients for implementation, participation in projects, celebrations and events related to the subject of the elderly.

2.4.3 Case Study: Wrocław

Major document is the *Strategy 'Wrocław in the Perspective of 2020 Plus'* (pol. *Strategia 'Wrocław w perspektywie 2020 plus'*) (UMW, 2006a). Diagnostic part of the document states that "the consequences of the demographic crisis reduces previous expectation for a quick growth of cities." In addition, it is noted that the "aging of the population will bring the unrealistically high burden of caring responsibilities, which will mean an end to the naïve illusions associated with the promise of the shaping of welfare states. Not enough funds to formal spending. More efficient will be to power these measures by the community self-help systems. The city, in which community care fails to start, will be doomed to social degradation". In the area of "people – being – health" there was identified the goal of "developing comprehensive city policy on the unprecedented challenges of the demographic situation, taking into account issues of pediatric medicine, geriatric and care in the broad context of family policy." In the area of "community – citizens – the family" for the goal of "fostering restitution of multi-generational families in response to the impending crisis of the pension system," "duties of parents towards their minor children and adult children of elderly parents with respect as the foundation of the educational process." In the area of "neighborhood settlements," it has assumed "realizing the potential of free time and experience in improving the quality of retirees and revive neighborhoods. Supporting grassroots initiatives."

In the area of “social organizations and civic movements,” it is assumed “development of volunteering, the opening of public institutions to cooperate with the volunteers. The special role of young people and retiree volunteers.” Under the “public space” area, it is assumed “adaptation of transportation and architecture of the city to the needs of people not operational, including small children and the elderly.” In relation to “recreation space,” was established the goal of “awareness that children need to play, the young must be active; adults need to relax; the old must rest.” City must meet those needs – seamlessly as possible.” In the “information space,” it is assumed “enhancing intergenerational dialogue. Opening generations of the main beneficiaries of the transformation of the arguments of the elderly and the young.”

In the Strategy for *Solving Social Problems in Wrocław for the years 2006–2016* (pol. *Strategia rozwiązywania problemów społecznych we Wrocławiu na lata 2006–2016*) (UMW, 2006b) among the policies and solutions are included the demographic problems and challenges of the need to improve the demographic balance and improve the health of families. In relation to the tasks posed by the aging of the Wrocław population, three sets of activities are underlined: 1. “Security or adaptation of organizational structures and local infrastructure to the type and scale of the needs of the growing number of older people (mainly health care, social), including: adaptation of institutional structures of the infrastructure base and care facilities, educational partial and full-day care according to the scale of current and projected needs; moving tasks in the care of the non-public sector, local government and social support; initiation, introduction of new solutions and forms of care for the elderly, neighborhood care and another care of unrelated persons, as the dimension of interchangeability, reciprocity forms of benefits; stimulation to increase the scope and participation of social or civic initiatives, care and support of older people. 2. “Preparing families to perform the duties of caring for the elderly,” including family education; motivation of families to care for the elderly or disabled family members; and assistance of specialized units to care. 3. “Actions aimed to extend and develop by elderly their own activity, social purpose as long as possible physical and mental autonomy.” including: promoting, initiating and supporting forms of active seniors; creating conditions that increase the possibility of develop-

ment of interests, meeting the cultural needs (passive and active participation); engaging and motivating to undertake social responsibilities; enhance the supply of seniors' organization of free time.

Next document the *Assumptions of Socio-Economic Policy of Wrocław in 2013* (pol. *Założenia polityki społeczno-gospodarczej Wrocławia na rok 2013*) (UMW, 2012) includes only specific tasks in Priority II. "The innovation and development of the economy" which in the aim 5 "Spatial and housing" drew attention to the project of New Żerniki – the housing estate with care facilities for the elderly. In Priority III. "Building the social capital, improve the quality of life of residents" the aim 7 "Health care and social assistance" have a task: "Implementation of the care for older people, the chronically and terminally ill in the home environment;" "Implementation of Wrocław Action Plan for Persons with Disabilities in 2011–2013;" "Strengthening of institutional care for the elderly, sick and disabled."

Independent document called as the *Report on the Participation of Senior Citizens in the Public Life of Lower Silesia* (pol. *Raport dotyczący udziału seniorów w życiu publicznym województwa dolnośląskiego*) (WRZOS, 2012a) shows that the *Development Strategy of Lower Silesia* despite references to the demographic problems and predictions of the effects of this lacks an integrated approach to solve social problems related to this. The report also states that the Regional Council of Elders was established, although it has a little effect on the change in the social policy area, but shows various indicated problems in action. In 2009, a similar council was established in the city of Wrocław as well as a representative for seniors' issues were appointed. The Wrocław Council of Elders includes experts from various fields. The Council is taking environmental actions and cooperates with the Wrocław Center for Seniors. Among the major initiatives taken by the Council of Elders in Wrocław are, among others, preparation and launch of the educational program called as the *Education for Aging* in selected educational institutions (kindergarten, primary school, secondary school); cooperation with the Regional Council of Elders; preparation of the local Agreement of Third Age Universities; the appointment of the Senior Volunteer Club; establishing cooperation with the City Department of Transport and Communications to present demands to improve the communication status for seniors.

2.4.4 Case Study: Poznań

In regional document the *Wielkopolska Program for the Elderly 2020* (pol. *Wielkopolski Program na rzecz Osób Starszych do 2020 roku*) (ROPSP, 2013) it is described that the program is clarification of the goals of the *Social Policy Strategy for the Wielkopolska Region 2020* in the area of activities for the elderly. In particular, the program is aimed at developing the silver sector of the economy, which has been defined in order strategically to strengthen the economic potential of the region. As beneficiaries of the scheme are described the elderly, as well as “all those who act on their behalf, including social services and non-governmental organizations, (...) at least indirectly, may be all of the Wielkopolska inhabitants.” The document includes four priorities for action: education, activity, health, and safety. Priority I include operational objectives: 1. “Increasing the potential of seniors – their knowledge and skills;” 2. “Increasing the availability of educational programs for seniors;” 3. “Increasing the competence of supporting seniors;” 4. “Dissemination of knowledge on aging.” Priority II: “The activity” includes operational objectives: 1. “The increase in activity of seniors;” 2. “Increasing interest of seniors and their involvement in culture;” 3. “Increasing interest of seniors in sport and tourism;” 4. “Promoting volunteering seniors.” Priority III: “Health” operational objectives are 1. “Promoting a healthy lifestyle;” 2. “Implementing prevention programs in the health care of the senior;” 3. “Increasing the availability of rehabilitation offers for seniors;” 4. “Supporting the development of long-term care;” 5. “Promoting the development of geriatrics;” 6. “Promoting the development of psychiatry.” Priority IV: “Safety” covers operational objectives: 1. “Strengthening the personal and public security systems of seniors;” 2. “Development of products and services for the elderly;” 3. “Prevention and treatment of seniors in the field of addiction;” 4. “Prevention of the elderly violence.”

Few directions of actions were included in the *Development Strategy for the City of Poznań 2030: Update 2013* (pol. *Strategia Rozwoju Miasta Poznania do roku 2030. Aktualizacja 2013*) (UMP, 2013). In the area of strategic intervention of “sport and recreation” established activities are planned in the construction of the “new sports and recreation infrastructure, including for older people and for the people of non-members of sports clubs.” In the area of strategic “quality of life,” there is a strategic objective 2.3.1. “The review and evaluation of existing challenges”

where it is assumed that “the aging of the population in both the strictly understood Poznań as well as in the broader agglomeration, remains a critical demographic challenge, for which there are no answers.” In aim 8.3.5. “Increasing health awareness among the population and the availability of health services” notes that “due to the pessimistic forecast of demographic and aging Poznań activities included in the program ‘Healthy Poznań’ will be essential to the health of society in the long-term perspective of the city.” In specific objective 8.3.6. “The development of social capital, building social cohesion, and counteract social exclusion” its underlined that “for building social cohesion is crucial to counteract negative social phenomena and preventing the effects of demographic trends and changes. It is, therefore, important to target the urban social policy primarily on supporting families, activation of the elderly and disabled, which will result in the strengthening of their independence. It should be also strived to ensure a broad and universal access to high-quality services, including the latest advances in civilization, all individuals, and social groups.” In the area of “cultural Poznań” in strategic goal: “Increasing importance of the city as a center of knowledge, culture, tourism, and sport” it is assumed “to support projects of cultivate the memory of the prominent forms of merit for the city and region as well as events and historical sites, including initiatives that build intergenerational dialogue to raise public awareness of the historical heritage of the city.” The area called as the “live in Poznań” include a strategic goal: “Improving the quality of life and the attractiveness of space and architecture of the city” which draws attention to the continuation of the program “apartment for seniors.” In the area “socially sensitive Poznań” the strategic goal is “Improving the quality of life and the attractiveness of space and architecture of the city” which underlines “Strengthening the independence of the elderly” by: “support for the elderly;” “ensuring the retention by the seniors’ mental and physical health that allow remaining in the place of residence as long as possible;” “the development of alternative forms of social activity and work for older adults, including the development of volunteering 50+.” In the area “Sports Poznań,” it has assumed the operational objective “Promoting volunteering in sport among seniors who have experience and time.”

Next document the *Strategic Priorities of Social Policy of the City of Poznań: Assumptions – Principles – Objectives – Tasks* (pol. *Priorytety strategiczne polityki*

społecznej miasta Poznania. Założenia – zasady – cele – zadania) (UMP, 2002) include the priorities of the city of Poznań in which social policy is divided into distinguished residents of the following groups: children and young people (the principle of the primacy of the child cases and the younger generation in the community), seniors (the principle of compensation and solidarity between generations), people with disabilities (the principle of social inclusion), and programs addressed to the poverty, unemployment, substance abuse, chronic illness, helplessness, assistance to returnees from prison, refugees, returnees, etc. (the principle of solidarity towards individuals and groups in need). Social policy towards old age and old people was defined as “a set of intentional actions by public authorities and other social actors, for the creation, improvement and/or maintenance of social status, security, and quality of life of older people and the possibility of their participation in cultural and social life, increase the chance of conduct of active and independent life by the oldest generation.” It was also assumed that it includes measures to: shaping the general conditions for the development and life of the older generation; meeting the needs of older people; ensuring the position of equal age with other phases of life; shaping the relations between the generations; harmonizing and reconciling the interests of the different generations; helping seniors cope with the developmental tasks; shaping a positive image of aging in the social consciousness; creating opportunities to meet current and future situations and problems associated with an aging population.”

Eight domains of the social policy of the city to the old people and old age were distinguished with associated operational objectives, tasks, actors, preferences, and justifications. The first domain is I. “The functioning of the household and the family” consisting of operational objectives: A. “Enabling/providing older people to choose and how to lead an independent life in their current social environment, as long as they want it, and how long it is possible;” B. “Creating multi-variant housing program addressed to the aging population of the city;” C. “Building a system of early signaling of changes in health status and social position of older people;” D. “Prevention of accidents associated with the use of household equipment (so-called consumer accidents).” Domain II. “The location of the material” includes operational objectives:

A. "The social security of the oldest inhabitants of the city;" B. "Compensation of deficits in the material sphere by maintaining/improving the standard of living in retirement." Domain III. "Education" includes operational objectives: A. "Embeddedness of gerontology modules in the system of lifelong learning for all generations;" B. "Using knowledge and experience of the oldest generation." Domain IV. "Participation/social activity" includes operational objectives: A. "Recognition of the elderly as a significant and valuable part of social resources;" B. "Development of programs and tools for implementation the concept of a society for all ages at the level of the local community." Domain V. "Participation in culture" includes operational objectives: A. "Auto-creation and self-realization of the older generation in the sphere of culture;" B. "Expanding the availability of cultural facilities for seniors." The domain VI. "Sports – recreation – leisure" contains the operational objective A. "Making assumptions of the active aging." Domain VII. "Health and fitness" includes operational objectives: A. "Start-up and expansion in relation to a complementary insurance package system of preventive care for seniors;" B. "Expanding access to the municipal system of hospice (palliative) care." Last domain is VIII. "Safety – deviance – pathology" and include operational objectives: A. "Prevention and treatment of substance abuse in old age;" B. "Protecting older people from the dangers of a criminal nature and effects of another pathological behavior and events, which the victims are seniors."

Independent document the *Report on the Participation of Senior Citizens in the Public Life of the Wielkopolska Region* (pol. *Raport dotyczący udziału seniorów w życiu publicznym województwa wielkopolskiego*) (WRZOS, 2013b) states that in the region, there is no institution dedicated to the activities of system for seniors. However, the coordinating function seeks to fulfill the Regional Center for Social Policy, which takes tasks of coordination and promotion for the elderly. Its initiatives include, among others, trade fair called the "Active 50+" taking place since 2010; billboards campaign presenting a positive image of older people; study "Socio-demographic profiles, capabilities and developmental deficits of persons in age categories 45–60 woman/65 men, 61 woman/66–75, 75+ men in Wielkopolska;" the ENSURE project – *The economy needs a unique and genuine experience of seniors* who aim for the creation of intelligent database contain-

ing data of the senior professionals (55+) from different sectors and different occupations; the Wielkopolska Programme for the Elderly. In addition, since 2010 in the region is carried out the Executives Forum of Universities of the Third Age of the Wielkopolska. In this forum member of the Wielkopolska Council of Universities of the Third Age Region are elected, whose task is to represent them to the Marshal's Office, the Parliament, the Ministry of Science and Higher Education as well as the Ministry of Labour and Social Policy.

The report also underlines that older people problems are in a number of operational objectives of the updated *Strategy for the Development of the Wielkopolska Region by 2020* (WRZOS, 2013b). In particular, in strategic aim 6 "Strengthening the economic potential of the region" include aim 6.11. "The development of social economy," aim 6.12. "Development of 'silver' sector of the economy." Operational aim 6.12. will be achieved by such action directions as "the creation of 'silver industry' concept in Wielkopolska and a roadmap for its development;" "support for investment in social services, including for the elderly;" "the creation of instruments to support entrepreneurship and innovation in the 'silver sector' of the economy;" "development of infrastructure institutions of 'silver industry';" "strengthening the partnership with the residents of administration, NGOs, and other actors within/on behalf of the silver sector;" "the creation of conditions and the promotion of social communication." Moreover, in addition to the operational aim 7.6. "The development of life-long learning" it has planned the development of "silver education," including the Universities of the Third Age. In operational aim 8.1. "Strengthening economic activity" it is expected "to facilitate combining work with caring for children, the elderly, and the disabled." In operational aim 8.2. "Improving the situation and prevent the demographic threats" plans to "develop a system of services addressed to the dependent elderly." In operational aim 8.4. "Promoting a healthy lifestyle" there is a direction of action "to create the infrastructure to sustain physical activity and psychosocial, especially seniors, and people with disabilities. Furthermore, in the operational objective 8.6. "Strengthening the system of services and social assistance – targeting, among others, for the elderly" there is the operational aim 8.7. "Shaping the tendency of residents to meet the higher-order needs" among directions of action are "improving the

state of infrastructure investment culture, sport, and recreation, without barriers for the disabled and elderly." In operational aim 8.8. "Building a social capital in civil society" is planned actions: "support of activity for the local community, including children and youth, the disabled and the elderly and to a volunteer activity;" "promotion of full and open communication, including intergenerational dialogue." In operational aim 8.11. "Improving housing conditions" established actions are "housing policy for the elderly and disabilities;" "a support system of social housing, including public support for building social housing." Report also mentions that in 2007, the Poznań City Council of Elders was established. It is an advisory body in the structure of the local government. The Council purpose is to serve seniors by representing their interests to the city authorities. Among the initiatives the Council appointed by the Center for Senior Citizens Initiatives and a document with the demands to improve the senior's quality of life. The Center is a city unit designed to improve the quality of life and to mobilize 50+ people to participate in the life of the city.

2.5 Conclusions

This part of the book presented basic concepts of social policy on old age and older people, together described as the aging policy. Further analyzed were also basic assumptions and principles of the official senior policy of the Polish government. Next part of the section includes an analysis of strategic documents related to selected large cities of Poland as case studies of the local aging policy: Kraków, Gdańsk, Wrocław, and Poznań.

Demographic projections indicate that there is an increase of the risk of *shrinking* cities and regions, namely the depopulation which will be accompanied by the decrease in size of the structure of services and access to them. In this context, it is important to take proactive measures in the economic, regional, and social field, which will allow the easing of demographic processes and change in the approach to them by recognizing them as a challenge rather than a threat.

In the analyzed four large cities of the country's population 60+, will grow at a similar pace. However, in absolute terms the scope of the population aging

will definitely be the largest in Kraków where in 2035, the elderly population will include approximately 219,000 inhabitants. It should be noted that the demographic structure of this city is good to foster intergenerational initiatives.

The population aging of the analyzed cities will be characterized by feminization, for example, a larger share of women among older people than men. It is therefore, reasonable taking action related to equality both in the field of rejecting negative stereotypes adopted by the youth people and adulthood concerning restrictions on women's activities (for example, due to expectations of care), as well as the promotion of egalitarian language (for example, use of the terms "seniors" not only towards men but also women).

Nowadays, there are two aspects of social policy related to the aging of the population. It is a policy for older people and towards old age. The first includes more short-term goals and it is focused on the elderly. The second one refers to activities aimed at changing the image of the old age period by which its goals are long-term. Both aspects of this aging policy can be implemented together at the national, regional, and local level with the participation of public entities, commercial entities, and governmental entities. Moreover, contemporary, there are at least three different paradigms of the aging policy: productive aging, active aging, and creative aging. The paradigm of active aging is crucial at the beginning of the 21st century and crucial in relation to the implementation of international agreements. It is also reflected in the guidelines for cities that are oriented to age-friendly activities for all age groups.

Attempts, to integrate the aging policy, are taken in Poland at the central level since at least 2008, in connection with the program *Solidarity Between Generations*. It includes the concept of primarily increasing the 50+ employment and raising the retirement age to restrict the expenditure in the social security system for the elderly and focus them on vulnerable groups – mostly children. This concept was further developed in the package of documents related to the *Long-term National Development Strategy 2030*. These documents include concepts and directions of action such as the construction of the silver economy and stimulating the activity of the elderly. Proposals that are more detailed were introduced in the *Long-term Conceptual Assumptions of the Senior Policy for 2014–2020* and the *Government Programme for Senior Citi-*

zens Social Activity. Here, however, the concept of the silver economy has been limited to supporting non-state actors and the development of care services. Detailed records relevant to business in the area were only indicated in the *National Program to Promote Equal Treatment for years 2013–2016* and the *National Programme for the Development of Social Economy: Project*.

The review of strategic documents on development policy and social policy of the selected cities of the country allows a few statements. Documents related in particular to the implementation of actions directed to the elderly have been already prepared in the regions of Małopolska (which also apply to Kraków) and Wielkopolska (which also apply to Poznań) as well as in the cities of Poznań and Gdańsk. It should be noted that the aims of these documents do not have yet precise relations with the goals of municipal documents. Moreover there are several situations: (1) lack of local programs or strategies for the elderly and old age while there are already relevant regional documents (Kraków); (2) regional and local documents created in different periods (Poznań); (3) the local documents take into account the aging policy, but this is independent of regional documents where no or little attention is paid for the population aging (Gdańsk); (4) the policy towards elderly and old age is dispersed and present only indirectly, for example, in strategies for solving social problems (Wrocław).

In this situation, relatively the documents of Poznań and Kraków can be assessed relatively well. In these cases, it can be concluded that their aims are to implement policies, according to the model of optimum satisfaction of the needs of different groups, including the older people. In Kraków is clearly noticeable the orientation for the construction of the “silver economy,” while in Poznań to take into account the concept of the life cycle, intergenerational solidarity, and to foster the older person’s activity. Meanwhile, the policy of the cities of Gdańsk and Wrocław is rather based on the model oriented on interventions in relation to the weak economy and the most disadvantaged older people. In all cases, attempts are being made to activate older people by Elder Councils, attorneys for seniors or senior urban centers. However, these initiatives are not reflected in the strategic documents and have a relationship only with some parts of social policies, in particular, the policy of social security

and health policy. In fact, it is hard to observe consistent relations between such local aging policies with housing policy, educational policy, and cultural policy that are often described in such documents only by sporadic actions (social campaigns, seasonal events) or occasional actions (temporary projects financed from external sources).

Summary

During the analysis of modern phenomena referring to the aging process, the authors of the publication focused mainly on social aspects. The below text is an attempt to present functioning of seniors in society in relation to other demographic groups. Demographic changes themselves are not an unpredictable phenomenon since, based on demographic prognoses carried for many years in the Czech Republic, Slovakia, Poland, and Hungary, noticed was a trend that these countries will be the oldest in Europe as far as age structure is concerned. In macro and micro-social dimension, a demographic transformation determines a range of phenomena that, only several years ago, were non-existing in post-communist countries of the Eastern Europe region.

The main aim of this book was an assumption of presentation of senior place in society and a sketch of factors, which determine the everyday functioning of seniors. Thus, in the first part was underlined the fact, that the analyzed topic is strictly connected with the culture of the Eastern Europe region. This include a religion, system of intergenerational family care, and organizations connected with a social work. Significant is a fact that demographic changes force the change of functioning of the senior care branch, which may be observed, for example, by a growing number of nursing homes, day-care centers and facilities, which activate seniors in local society. The professionalization of care branch is one of the most noticeable phenomena that confirm the upcoming demographic changes. However, it should be mentioned that post-communist countries such as Poland are so far not prepared for the

upcoming, intensive age transformations of the population, since today the percentage of seniors in the whole population is below the average of all countries of the European Union. The most intensive changes, which affect the functioning of society with a high level of seniors' percentage, will become a realistic challenge for care system, so also for the federal budget within the next several years.

The status quo of a senior in the social space depends on many variables, which are independent of the oldest age group. In order to depict a range of the most crucial factors, which determine the position of seniors in social structure, a reference was made to the concept prepared by B. Szatur-Jaworska, P. Błądowski, and M. Dzięgielewska. The authors are aware that the presented circumstances are only a factor in the discussion and do not fully exhaust the subject. The authors purposely omitted the profound work which refers to senior education (see Šerák, 2009), or new trends connected with the development of senior capital, for example, in organizations (see Kocianová, 2010; Kocianová, 2012), since the book is a synthetic script, which is supposed to be a point of reference for further, complex considerations.

Finally, it should be mentioned that there is a need to the predictability of dynamic forces of demographic changes in the scientific communities to attempt to redefine the senior status quo in society. The modern senior group varies greatly. The modern senior is significantly different from his/her peers from several years ago. Thus, it is justified to conduct further studies in the areas chosen by the authors.

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Figures and Tables

Tables

Table 1	Percentage of people over 65 in population and its average age.....	17
Table 2	Median age of people in Poland in 2007–2035	17
Table 3	Typology of intergenerational transfers	42
Table 4	The range of human capital of seniors	44
Table 5	Percentage of people aged 60+ in the cities with a population over 100 thousand in Poland, 2011	93
Table 6	Demographic forecast of people 60+ in the cities with a population over 100 thousand in Poland until 2035.....	96

Figures

Figure 1	Factors determining a position of the senior generation in social stratification.....	10
Figure 2	Life length divided into sexes in 1985-2035	18
Figure 3	Percentage of people in post-productive age by districts – for 2010.....	19
Figure 4	Share of people in post-productive age – prognosis for 2010-2035 for Poland and the district of Silesia.....	20
Figure 5	Perception of old age in age categories – part I.....	23
Figure 6	Perception of old age in age categories – part II.....	23
Figure 7	Senior membership of non-government organizations	38
Figure 8	The support offered by seniors.....	38
Figure 9	Evaluation of a health condition of retirees in Poland in 2011	50
Figure 10	The need for support in Poland and structure of benefits receivers of nursery social insurance in Germany in accordance with age (data in %).....	52
Figure 11	Improvements in welfare of Polish seniors and integration of actions'.....	57

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The work elaborates a very important topic of our time, this is of an aging population, which many countries with their established social, political, legislative, health and other systems are not prepared for. The authors compared the global data on the aging of the population with information relating to the aging of the population in Poland.

This publication consists of two large chapters with subheadings. In the first part the authors describe the elderly in social area and in the second part of a social policy relating to older people. The first part explains the different concepts and presents a new paradigm, which refers to the phenomenon of active aging. The second part presents the analysis of the aging population in selected major cities and presents documents and strategies necessary for further development of the quality of life of elderly people. The case studies technique enables the authors the identification of a number of factors and in-depth analysis of researched topics for each city. Theoretical bases complement to the research findings of other authors and adds their findings.

Doc. dr Bojana Filej, the Alma Mater Europaea – European Center, Maribor, Slovenia

The publication, in my humble opinion, can be dedicated primarily to researchers of social gerontology topics, primarily students from the humanities and social sciences. Given the systematic increase in the number of people from abroad studying in Poland (including the Erasmus program) this book can also be used as teaching material to courses on subjects such as: geragogics, social gerontology, social pedagogy and sociology .

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